

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

☐Check if different
than previously
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106146

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☒January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 1

2 8

2 0 0 6

through

1 2

3 1

2 0 0 6

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Melinda Hatton

Signature of Treasurer

Electronically Filed by Ms. Melinda Hatton

Date

0 1

3 1

2 0 0 7

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		941820.56
(b) Cash on Hand at Beginning of Reporting Period	799166.04	
(c) Total Receipts (from Line 19)	272154.32	1675164.76
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1071320.36	2616985.32
7. Total Disbursements (from Line 31)	32532.78	1578197.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1038787.58	1038787.58
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	168011.84	724073.44
(i) Itemized (use Schedule A)	72662.23	388857.58
(ii) Unitemized	240674.07	1112931.02
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	6666.00
(c) Other Political Committees (such as PACs)	240674.07	1119597.02
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	30907.29	521045.29
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	29000.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	572.96	4022.45
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	272154.32	1675164.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	272154.32	1675164.76

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	532.78	50365.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	532.78	50365.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32000.00	1258897.82
24. Independent Expenditure (use Schedule E)	0.00	267394.29
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1540.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1540.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	32532.78	1578197.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	32532.78	1578197.74

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	240674.07	1119597.02
34. Total Contribution Refunds (from Line 28(d))	0.00	1540.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	240674.07	1118057.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	532.78	50365.63
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	29000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	532.78	21365.63

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Debi H. Tucker, Esq.
Mailing Address 1101 N. Kentucky Street

City State Zip Code
Arlington VA 22205-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-WashingtOccupation
Director, State Issues Forum

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	0	6

Transaction ID: 13439247

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Gordon Lewis
Mailing Address 2000 Campbell Drive

City State Zip Code
Torrington WY 82240-1528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community HospitalOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	0	6

Transaction ID: 13439253

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Mark R Stoddard
Mailing Address 48 West 1500 North

City State Zip Code
Nephi UT 84648-8900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Valley Medical CenterOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	0	6

Transaction ID: 13439262

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Robert J. Donovan

Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-ChicagoOccupation
Vice President, Meetings & Travel Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	0	6

Transaction ID: 13439277

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Jim L Mayo

Mailing Address 1250 South 18th Street

City State Zip Code
Fernandina Beach FL 32034-3098

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Medical Center NassauOccupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	0	6

Transaction ID: 13440802

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Steven B. Poage

Mailing Address 3401 SW Alameda

City State Zip Code
Topeka KS 66614-5109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas Hospital AssociationOccupation
Vice President/CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	8		2	0	0	6

Transaction ID: 13442640

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Gerald J Marquette

Mailing Address 1400 West Fourth

City State Zip Code
Coffeyville KS 67337-3306

FEC ID number of contributing federal political committee.

C

Name of Employer
Coffeyville Regional Medical CenterOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 0 6

Transaction ID: 13442642

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Ms. Nancy Allen

Mailing Address P.O. Box 129

City State Zip Code
Lawton OK 73502-0129

FEC ID number of contributing federal political committee.

C

Name of Employer
Comanche County Memorial HospitalOccupation
Manager, Medical Account Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 0 6

Transaction ID: 13442644

Amount of Each Receipt this Period

350.00

C. Full Name (Last, First, Middle Initial)
Mr. Eugene W Meyer

Mailing Address 325 Maine Street

City State Zip Code
Lawrence KS 66044-1360

FEC ID number of contributing federal political committee.

C

Name of Employer
Lawrence Memorial HospitalOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 0 6

Transaction ID: 13442665

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

975.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. John C. Peterson

Mailing Address 2841 SW Plass Avenue

City State Zip Code
 Topeka KS 66611-1629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capitol Strategies, LLC/K-
ansas Hospita

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 8 / 2 0 0 6

Transaction ID: 13442671

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Richard L Allen

Mailing Address P O Box 1289

City State Zip Code
 Manhattan KS 66505-1289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Regional Health Cen-
ter

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 8 / 2 0 0 6

Transaction ID: 13442673

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Steven D Wilkinson

Mailing Address 5721 West 119th Street

City State Zip Code
 Overland Park KS 66209-3722

FEC ID number of contributing
federal political committee.

C

Name of Employer
Menorah Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 8 / 2 0 0 6

Transaction ID: 13442678

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Irene M Cumming
Mailing Address 3901 Rainbow Boulevard

City State Zip Code
Kansas City KS 66160-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Kansas Hosp-
ital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 0 6

Transaction ID: 13442697

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. Kevin P Conlin
Mailing Address 3720 East Bayley

City State Zip Code
Wichita KS 67218-3002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Via Christi Health System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 0 6

Transaction ID: 13442706

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Vince Ford
Mailing Address 9 Marrob Court

City State Zip Code
Columbia SC 29203-9103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palmetto Health Alliance

Occupation
Sr. Vice President, Community Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 6

Transaction ID: 13489385

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Robert Z. Vovak Mailing Address 9326 Perglen Road City State Zip Code Baltimore MD 21236-1628 FEC ID number of contributing federal political committee. C Name of Employer Maryland Hospital Association Occupation Sr. Vice President & CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6 Transaction ID: 13489407 Amount of Each Receipt this Period 600.00
B. Full Name (Last, First, Middle Initial) Mr. Paul A. Sokolowski Mailing Address 12891 Eagles View Road City State Zip Code Phoenix MD 21131-2312 FEC ID number of contributing federal political committee. C Name of Employer Maryland Hospital Association Occupation Sr. Vice President, Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6 Transaction ID: 13489408 Amount of Each Receipt this Period 600.00
C. Full Name (Last, First, Middle Initial) Mrs. Jennie R Rhinehart Mailing Address 805 Friendship Road City State Zip Code Tallassee AL 36078-1234 FEC ID number of contributing federal political committee. C Name of Employer Community Hospital Occupation Administrator and Chief Executive Offi Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 501.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6 Transaction ID: 13491281 Amount of Each Receipt this Period 501.00

SUBTOTAL of Receipts This Page (optional)

1701.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr Kenny Craik Mailing Address 3091 Carter Hill Road City State Zip Code Montgomery AL 36111-1801 FEC ID number of contributing federal political committee. C Name of Employer Occupation Gilliard Health Services Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6 Transaction ID: 13491282 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mr. Dennis A Popp Mailing Address P O Box 218 City State Zip Code Enumclaw WA 98022-0218 FEC ID number of contributing federal political committee. C Name of Employer Occupation Enumclaw Community Hospital Administrator and Chief Executive Offi Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6 Transaction ID: 13502759 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Mr. David E Jaffe Mailing Address 325 Ninth Avenue, Box 359717 City State Zip Code Seattle WA 98104-2499 FEC ID number of contributing federal political committee. C Name of Employer Occupation Harborview Medical Center Executive Director Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6 Transaction ID: 13502760 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. John Wallen
Mailing Address 2520 Cherry Avenue

City State Zip Code
Bremerton WA 98310-4229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harrison Medical Center

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 6

Transaction ID: 13502761

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. James Leonard
Mailing Address 413 Lilly Road NE

City State Zip Code
Olympia WA 98506-5166

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence St. Peter Hospital

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 6

Transaction ID: 13502762

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Gregg A Davidson
Mailing Address P O Box 1376

City State Zip Code
Mount Vernon WA 98273-1376

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skagit Valley Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 6

Transaction ID: 13502775

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Jon D Smiley

Mailing Address P O Box 719

City	State	Zip Code
Sunnyside	WA	98944-0719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sunnyside Community Hospi-
talOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	6

Transaction ID: 13502776

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. J. Michael Rona

Mailing Address 9004 North Mercer Way

City	State	Zip Code
Mercer Island	WA	98040-3141

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Mason Medical Ce-
nterOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	6

Transaction ID: 13502777

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Len McComb

Mailing Address 300 Elliott Avenue West
Suite 300

City	State	Zip Code
Seattle	WA	98119-4198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington State Hospital
AssociationOccupation
Lobbyist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	6

Transaction ID: 13502778

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bigelow Bennett

Mailing Address 300 Elliott Avenue West
Suite 300

City State Zip Code
Seattle WA 98119-4198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington State Hospital
Association

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 6

Transaction ID: 13502779

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

B. Mr. Joseph W. Wilczek

Mailing Address 1175 SW 296th Street

City State Zip Code
Federal Way WA 98023-8251

FEC ID number of contributing
federal political committee.

C

Name of Employer
Franciscan Health System

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 6

Transaction ID: 13502780

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. John Fletcher

Mailing Address 506 Second Avenue
Suite 1200

City State Zip Code
Seattle WA 98104-2343

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Health System

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 6

Transaction ID: 13502781

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ryland (Skip) Davis

Mailing Address 101 West Eighth Avenue

City State Zip Code
 Spokane WA 99204-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sacred Heart Medical Cent-
er

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 4 / 2 0 0 6

Transaction ID: 13502782

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. John R White

Mailing Address 801 East Wheeler Road

City State Zip Code
 Moses Lake WA 98837-1820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Samaritan Healthcare

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 4 / 2 0 0 6

Transaction ID: 13502783

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Richard H Peterson

Mailing Address 747 Broadway Avenue

City State Zip Code
 Seattle WA 98122-4379

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swedish Health Services

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 4 / 2 0 0 6

Transaction ID: 13502784

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Victoria S. Galanti Mailing Address 300 Elliott Avenue W. Ste. 300 City State Zip Code Seattle WA 98119-4198 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6 Transaction ID: 13502785 Amount of Each Receipt this Period 500.00
Name of Employer Washington State Hospital Association Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Ms. Nancy J Bitting Mailing Address 2901 Squalicum Parkway City State Zip Code Bellingham WA 98225-1851 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6 Transaction ID: 13502786 Amount of Each Receipt this Period 250.00
Name of Employer St. Joseph Hospital Occupation Regional Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) Mr. Al Gatmaitan Mailing Address 4847 E. CR 100 S. City State Zip Code Avon IN 46123-8338 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6 Transaction ID: 13505721 Amount of Each Receipt this Period 250.00
Name of Employer Clarian West Medical Center Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Mr. James J. Myers

Mailing Address 2626 Windermere Woods Drive

City State Zip Code
Bloomington IN 47401-5451

FEC ID number of contributing federal political committee.

C

Name of Employer
Bloomington HospitalOccupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13505766

Amount of Each Receipt this Period

250.00

B. Mr. Martin Padgett

Mailing Address P O Box 69

City State Zip Code
Jeffersonville IN 47131-0600

FEC ID number of contributing federal political committee.

C

Name of Employer
Clark Memorial HospitalOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13505770

Amount of Each Receipt this Period

250.00

C. Mr. John Stewart

Mailing Address 1535 N. Park Ave.

City State Zip Code
Indianapolis IN 46202-2608

FEC ID number of contributing federal political committee.

C

Name of Employer
Heart Center of Indiana,
TheOccupation
Hospital CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13505793

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Milton Triana Mailing Address 1500 South Lake Park Avenue City Hobart State IN Zip Code 46342-6638 FEC ID number of contributing federal political committee. C Name of Employer St. Mary Medical Center (Hobart) Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6 Transaction ID: 13505803 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Ms. Megan Cundari Mailing Address 325 Seventh Street, NW Suite 700 City Washington State DC Zip Code 20004-2818 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Washingt Occupation Associate Director, Federal Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6 Transaction ID: 13505854 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Ms. Suzanne Raab-Long Mailing Address 1280 South Governors Avenue City Dover State DE Zip Code 19904-4802 FEC ID number of contributing federal political committee. C Name of Employer Delaware Healthcare Assoc-iation Occupation Interim President & VP Prof. Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6 Transaction ID: 13505855 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Joseph Connolly

Mailing Address 56 Franklin Street

City

Waterbury

State

CT

Zip Code

06706-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Mary's Hospital

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506590

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. John H Tobin

Mailing Address 64 Robbins Street

City

Waterbury

State

CT

Zip Code

06708-2600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Waterbury Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506594

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Marna P Borgstrom

Mailing Address 789 Howard Avenue

City

New Haven

State

CT

Zip Code

06519-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale New Haven Health Sys-
tem

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506595

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stephen A. Frayne

Mailing Address 411 Old Sherman Hill Road

City State Zip Code
 Woodbury CT 06798-4003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut Hospital Asso-
ciation

Occupation
Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506596

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Kimberley K. Hostetler

Mailing Address 31 Prospect Place

City State Zip Code
 Bristol CT 06010-5045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut Hospital Asso-
ciation

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506597

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Patrick Charnel

Mailing Address 130 Division Street

City State Zip Code
 Derby CT 06418-1326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Griffin Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506598

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Laurence A Tanner

Mailing Address P O Box 100

City	State	Zip Code
New Britain	CT	06050-0100

FEC ID number of contributing
federal political committee.**C**Name of Employer
New Britain General Hospi-
talOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	0	6

Transaction ID: 13506599

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mr. Robert Gerard Kiely

Mailing Address 28 Crescent Street

City	State	Zip Code
Middletown	CT	06457-3654

FEC ID number of contributing
federal political committee.**C**Name of Employer
Middlesex HospitalOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	0	6

Transaction ID: 13506600

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. Patrick J. Monahan, II

Mailing Address 2 O'Neil Lane

City	State	Zip Code
Branford	CT	06405-3300

FEC ID number of contributing
federal political committee.**C**Name of Employer
Connecticut Hospital Asso-
ciationOccupation
VP & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	0	6

Transaction ID: 13506601

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. James D. Iacobellis Mailing Address 110 Barnes Road City Wallingford State CT Zip Code 06492-1802 FEC ID number of contributing federal political committee. C Name of Employer Connecticut Hospital Association Occupation Vice President, Government Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 13506602 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	7		2	0	0	6	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	2		0	7		2	0	0	6																							
500.00																																
B. Full Name (Last, First, Middle Initial) Mr. Robert J Trefry Mailing Address P O Box 5000 City Bridgeport State CT Zip Code 06610-0120 FEC ID number of contributing federal political committee. C Name of Employer Bridgeport Hospital Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 13506603 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	7		2	0	0	6	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	2		0	7		2	0	0	6																							
500.00																																
C. Full Name (Last, First, Middle Initial) Mr. John J Meehan Mailing Address P O Box 5037 City Hartford State CT Zip Code 06102-5037 FEC ID number of contributing federal political committee. C Name of Employer Hartford Hospital Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 13506604 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	7		2	0	0	6	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	2		0	7		2	0	0	6																							
500.00																																

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. John J. Brady, III
Mailing Address 5 Lynnbrook Road

City State Zip Code
Trumbull CT 06611-3308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut Hospital Association

Occupation
Vice President, Business Development &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506605

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Ms. Lucille A Janatka
Mailing Address 435 Lewis Avenue

City State Zip Code
Meriden CT 06451-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer
MidState Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506606

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr Kyle Ballou

Mailing Address 20 York Street

City State Zip Code
New Haven CT 06510-3220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale-New Haven Hospital

Occupation
Administrative Director Community and

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506607

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Richard A Brvenik, , FACHE
Mailing Address 112 Mansfield Avenue

City State Zip Code
Willimantic CT 06226-2041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windham Community Memorial
Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506608

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Ms. Mary Lyon
Mailing Address 12 Wildlife Drive

City State Zip Code
Wallingford CT 06492-5346

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut Hospital Asso-
ciation

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506609

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr David R Newton
Mailing Address P O Box 100

City State Zip Code
New Britain CT 06050-0100

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Britain General Hospi-
tal

Occupation
Senior Vice President Finance and Chief

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506610

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Clarence J Silvia

Mailing Address 81 Meriden Avenue

City

Southington

State

CT

Zip Code

06489-3268

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bradley Memorial Hospital
and Health C

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506611

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Joel R Reich, , M.D.

Mailing Address 71 Haynes Street

City

Manchester

State

CT

Zip Code

06040-4131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Connecticut Health
Network

Occupation

Senior Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506612

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Brian Rogoz

Mailing Address 81 Meriden Avenue

City

Southington

State

CT

Zip Code

06489-3297

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bradley Memorial Hospital
and Health C

Occupation

Vice President Finance and Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506613

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Martin L. Levine

Mailing Address 19 Carter Lane

City	State	Zip Code
Glastonbury	CT	06033-2217

FEC ID number of contributing
federal political committee.**C**Name of Employer
Windham Community Memorial
HospitalOccupation
Administrator Director Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	0	6

Transaction ID: 13506614

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr Steven D Hanks, , M.D.

Mailing Address P O Box 100

City	State	Zip Code
New Britain	CT	06050-0100

FEC ID number of contributing
federal political committee.**C**Name of Employer
New Britain General Hospi-
talOccupation
Senior Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	0	6

Transaction ID: 13506615

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Steven A. Godfrey

Mailing Address Post Office Box 100

City	State	Zip Code
New Britain	CT	06050-4000

FEC ID number of contributing
federal political committee.**C**Name of Employer
Central Connecticut Health
AllianceOccupation
Vice President, Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	0	6

Transaction ID: 13506616

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr J Kevin Kinsella

Mailing Address P O Box 5037

City State Zip Code
Hartford CT 06102-5037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hartford Hospital

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506617

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Stephen L Meredith

Mailing Address 910 Wallace Avenue

City State Zip Code
Leitchfield KY 42754-2414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Twin Lakes Regional Medic-
al Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506640

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Jack G. Blackwell

Mailing Address 520 24th Street

City State Zip Code
Ashland KY 41101-2904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Our Lady of Bellefonte Ho-
spital

Occupation
Director of Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506647

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Harold C Warman, , FACHE

Mailing Address P O Box 668

City	State	Zip Code
Prestonsburg	KY	41653-0668

FEC ID number of contributing
federal political committee.**C**Name of Employer
Highlands Regional Medical
CenterOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	0	6

Transaction ID: 13506662

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mrs. Joann Anderson

Mailing Address 911 Bypass Road

City	State	Zip Code
Pikeville	KY	41501-1689

FEC ID number of contributing
federal political committee.**C**Name of Employer
Pikeville Medical CenterOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	0	6

Transaction ID: 13506666

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. O David Bevins, , CHE

Mailing Address 540 Jett Drive

City	State	Zip Code
Jackson	KY	41339-9622

FEC ID number of contributing
federal political committee.**C**Name of Employer
Kentucky River Medical Ce-
nterOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	0	6

Transaction ID: 13506667

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Paul J. DellaRocco

Mailing Address 30 Warren Street

City State Zip Code
Boston MA 02135-3602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Franciscan Hospital for
Children and R

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 6

Transaction ID: 13506690

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Ms. Jennifer D. Jackson

Mailing Address 61 Hickory Lane

City State Zip Code
Madison CT 06443-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut Hospital Asso-
ciation

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 6

Transaction ID: 13506692

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

Mr. Warren Tardy

Mailing Address 310 25th Avenue North
Suite 101

City State Zip Code
Nashville TN 37203-1515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Public Policy Management
Group

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 6

Transaction ID: 13506694

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stephen A. Wolfe

Mailing Address 835 Hospital Road
P.O. Box 788

City State Zip Code
Indiana PA 15701-3650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Regional Medical
Center

Occupation
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 6

Transaction ID: 13509226

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Robert J Laskowski, M.D.

Mailing Address P O Box 1668

City State Zip Code
Wilmington DE 19899-1668

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christiana Care Health Sy-
stem

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 6

Transaction ID: 13509229

Amount of Each Receipt this Period

1100.00

Full Name (Last, First, Middle Initial)

C. Mr. Thomas Corrigan

Mailing Address 200 Hygeia Drive

City State Zip Code
Newark DE 19713-2049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christiana Care Health Sy-
stem

Occupation
Vice President/Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 6

Transaction ID: 13509230

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Edward J. Quinlan

Mailing Address 20 River Run

City	State	Zip Code
East Greenwich	RI	02818-1502

FEC ID number of contributing
federal political committee.**C**Name of Employer
Hospital Association of
Rhode IslandOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	6

Transaction ID: 13509244

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mr. Robert A. Malson

Mailing Address 1850 Redwood Terrace, NW

City	State	Zip Code
Washington	DC	20012-1023

FEC ID number of contributing
federal political committee.**C**Name of Employer
District of Columbia Hosp-
ital AssociatOccupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	2		2	0	0	6

Transaction ID: 13512097

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. Daniel McInerney, Jr.

Mailing Address 150 South Fifth Street
Suite 2300

City	State	Zip Code
Minneapolis	MN	55402-4200

FEC ID number of contributing
federal political committee.**C**Name of Employer
Leonard, Street & Deinard,
PAOccupation
Chair, Health Law Department

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	6

Transaction ID: 13512330

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. James F Hanko
Mailing Address 1300 Anne Street NW

City State Zip Code
Bemidji MN 56601-5103

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Country Regional Ho-
spital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

891.21

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 6

Transaction ID: 13512345

Amount of Each Receipt this Period

45.45

B. Full Name (Last, First, Middle Initial)
Mr. Carl W Bailey
Mailing Address P O Box 818

City State Zip Code
Florence AL 35631-0818

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eliza Coffee Memorial Hos-
pital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 0 6

Transaction ID: 13515315

Amount of Each Receipt this Period

526.00

C. Full Name (Last, First, Middle Initial)
Mr. Allen P Fletcher
Mailing Address P O Box 2208

City State Zip Code
Anniston AL 36202-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northeast Alabama Regional
Medical Cen

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 0 6

Transaction ID: 13515316

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1071.45

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Sammy Watson

Mailing Address 809 University Boulevard E.

City State Zip Code
 Tuscaloosa AL 35401-2071

FEC ID number of contributing
federal political committee.

C

Name of Employer
DCH Health System

Occupation
Director, Community Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 3 / 2 0 0 6

Transaction ID: 13515320

Amount of Each Receipt this Period

420.00

Full Name (Last, First, Middle Initial)

B. Ms. A. Elizabeth Anderson

Mailing Address 6600 Apple Cross Drive North

City State Zip Code
 Mobile AL 36695-2900

FEC ID number of contributing
federal political committee.

C

Name of Employer
USA Children's and Women's
Hospital

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 3 / 2 0 0 6

Transaction ID: 13515323

Amount of Each Receipt this Period

320.00

Full Name (Last, First, Middle Initial)

C. Ms. Shirley Holland

Mailing Address 161 Lila Lane

City State Zip Code
 Boones Mill VA 24065-3749

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carilion Health System

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 1 / 2 0 0 6

Transaction ID: 13515689

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

990.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. J. Kevin Renan

Mailing Address 11502 Culpeper Court

City	State	Zip Code
Spotsylvania	VA	22553-4671

FEC ID number of contributing
federal political committee.**C**Name of Employer
Medicorp Health SystemOccupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	6

Transaction ID: 13515694

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Barbara Kane

Mailing Address 7102 Massaponax Church

City	State	Zip Code
Spotsylvania	VA	22553-2228

FEC ID number of contributing
federal political committee.**C**Name of Employer
Mary Washington HospitalOccupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	6

Transaction ID: 13515700

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. M. Frank Heisey

Mailing Address 238 Fairway Circle

City	State	Zip Code
Cross Junction	VA	22625-2018

FEC ID number of contributing
federal political committee.**C**Name of Employer
Valley Health SystemOccupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	6

Transaction ID: 13515702

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Nancy Merritt
Mailing Address 118 Corral Drive

City State Zip Code
Stephens City VA 22655-4809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Health System

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 6

Transaction ID: 13515718

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Ms. Colleen Cohen
Mailing Address 10205 Conn Avenue

City State Zip Code
Falls Church VA 20895

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Fairfax Hospital

Occupation
Dir, Ambulatory Childrens Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 6

Transaction ID: 13515719

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Ms. Karen Drenkard
Mailing Address 2990 Telestar Court

City State Zip Code
Falls Church VA 22042-1207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation
Chief Nurse Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 6

Transaction ID: 13515721

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. William H. Flannagan, Jr.
Mailing Address 3131 Rivanna Court

City State Zip Code
Woodbridge VA 22192-3373

FEC ID number of contributing
federal political committee.

C

Name of Employer
Potomac HospitalOccupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	6

Transaction ID: 13515725

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Ms. Jean M. Brereton

Mailing Address 106 Cahill Drive

City State Zip Code
Alexandria VA 22304-6445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health SystemOccupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	6

Transaction ID: 13515730

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Ms. Sharon Zrioka

Mailing Address 5109 Wyndham Rose Cove

City State Zip Code
Centreville VA 20120-4138

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health SystemOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	6

Transaction ID: 13515734

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Kay Hix
Mailing Address 2784 Lakeview Rd.

City State Zip Code
Troutville VA 24175-2750

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carilion Health System

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 6

Transaction ID: 13515736

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. James Turner
Mailing Address PO Box 2140

City State Zip Code
Roanoke VA 24009-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carilion Health System

Occupation
Chairman and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 6

Transaction ID: 13515743

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. W. Scott Burnette
Mailing Address P O Box 90

City State Zip Code
South Hill VA 23970-0090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Memorial Health-
center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 6

Transaction ID: 13515745

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr J Thomas Ryan, M.D.

Mailing Address 1001 Sam Perry Boulevard

City State Zip Code
 Fredericksburg VA 22401-3354

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mary Washington Hospital

Occupation
Executive Vice President Medical Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 1 / 2 0 0 6

Transaction ID: 13515747

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Carl Biggs

Mailing Address 2225 Aryness Drive

City State Zip Code
 Vienna VA 22181-3047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 1 / 2 0 0 6

Transaction ID: 13515752

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Marcus G Kuhn

Mailing Address 200 Hospital Drive

City State Zip Code
 Galax VA 24333-2283

FEC ID number of contributing
federal political committee.

C

Name of Employer
Twin County Regional Hosp-
ital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 1 / 2 0 0 6

Transaction ID: 13515754

Amount of Each Receipt this Period

187.50

SUBTOTAL of Receipts This Page (optional)

687.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. David P. Lavins

Mailing Address 10 Fox Chase Road

City State Zip Code
 Malvern PA 19355-3441

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iationOccupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 5 / 2 0 0 6

Transaction ID: 13516785

Amount of Each Receipt this Period

395.00

B. Full Name (Last, First, Middle Initial)
Ms. Linda A Savino

Mailing Address 2 Centre Plaza

City State Zip Code
 Tinton Falls NJ 07724-9744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rehabilitation Hospital
of Tinton FallOccupation
Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 5 / 2 0 0 6

Transaction ID: 13516808

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Ms. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City State Zip Code
 Langhorne PA 19047-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iationOccupation
Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 5 / 2 0 0 6

Transaction ID: 13516825

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

670.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. John J. Dawidowski Mailing Address 17 Brookshire Drive City Robbinsville State NJ Zip Code 08691-2554 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6 Transaction ID: 13516826 Amount of Each Receipt this Period 25.00
Name of Employer New Jersey Hospital Association Occupation Vice President & General Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		
B. Full Name (Last, First, Middle Initial) Ms. Theresa L. Edelstein Mailing Address 27 Harvest Lane City Livingston State NJ Zip Code 07039-2750 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6 Transaction ID: 13516827 Amount of Each Receipt this Period 45.00
Name of Employer New Jersey Hospital Association Occupation Vice President Continuing Care Service Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		
C. Full Name (Last, First, Middle Initial) Mr. Sean J. Hopkins Mailing Address 6180 Lower Mountain Road City New Hope State PA Zip Code 18938-5760 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6 Transaction ID: 13516830 Amount of Each Receipt this Period 65.83
Name of Employer New Jersey Hospital Association Occupation Sr. VP., Health Economics Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 385.01		

SUBTOTAL of Receipts This Page (optional)

135.83

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Peter A. Kelly
Mailing Address 1 Old Farm Lane

City State Zip Code
Old Greenwich CT 06870-1021

FEC ID number of contributing federal political committee.

C

Name of Employer
Christ HospitalOccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 13516833

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
Ms. Valerie S. Kantrowitz
Mailing Address 82 Millers Grove Road

City State Zip Code
Belle Mead NJ 08502-4306

FEC ID number of contributing federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iationOccupation
Senior V.P., Health Planning & Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 13516920

Amount of Each Receipt this Period

270.00

C. Full Name (Last, First, Middle Initial)
Ms. Alice J. Guttler
Mailing Address 20 Wildflower Court

City State Zip Code
Freehold NJ 07728-4020

FEC ID number of contributing federal political committee.

C

Name of Employer
CentraState Healthcare Sys-
temOccupation
Senior Vice President and Corporate Co

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 13516960

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Ronald J. Czajkowski			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 1 JFK Blvd Apt 42A			Transaction ID: 13517005	
City Somerset State NJ Zip Code 08873-1789			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer New Jersey Hospital Assoc- iation		Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Mr. Edward J. Dunn			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 305 Hickory Lane			Transaction ID: 13517006	
City Haddonfield State NJ Zip Code 08033-3813			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Virtua Health		Occupation Vice President Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) Mr. Guy P. Evans			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 41 Manitto Place			Transaction ID: 13517010	
City Oceanport State NJ Zip Code 07757-1510			Amount of Each Receipt this Period 145.00	
FEC ID number of contributing federal political committee. C				
Name of Employer New Jersey Hospital Assoc- iation		Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00		

SUBTOTAL of Receipts This Page (optional)

895.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Richard P Miller
Mailing Address 94 Brick Road, Suite 200

City State Zip Code
Marlton NJ 08053-2179

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virtua Health

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 13517012

Amount of Each Receipt this Period

750.00

B. Full Name (Last, First, Middle Initial)
Ms. Melina Dee Perdue
Mailing Address 101 Elm Avenue SE

City State Zip Code
Roanoke VA 24013-2222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carilion Health System

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 6

Transaction ID: 13517094

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Samuel Miller
Mailing Address 2208 Birnam Woods Court

City State Zip Code
Midlothian VA 23112-4148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicorp Health System

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 6

Transaction ID: 13517096

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Maureen Moyer

Mailing Address 310 32nd Street South

City State Zip Code
Purcellville VA 20132-3222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health SystemOccupation
Director, Corporate Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	6

Transaction ID: 13517107

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Michael McDermott

Mailing Address 213 Caroline Street

City State Zip Code
Fredericksburg VA 22401-6009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mary Washington HospitalOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	6

Transaction ID: 13517112

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Ms. Shannon Sinclair

Mailing Address 100 West Braddock Road

City State Zip Code
Alexandria VA 22301-2146

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health SystemOccupation
Vice President/General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	6

Transaction ID: 13517117

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Randall L Kelley

Mailing Address P O Box 6000

City	State	Zip Code
Leesburg	VA	20177-0600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Loudoun HospitalOccupation
Senior Vice President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	6

Transaction ID: 13517132

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Ms. Adrienne Mckenna

Mailing Address 106 Atoka Drive

City	State	Zip Code
Winchester	VA	22602-6804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Health SystemOccupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	6

Transaction ID: 13517163

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. David Levin, MD.

Mailing Address 1476 Bridge Point Trail

City	State	Zip Code
Suffolk	VA	23432-1320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara HealthcareOccupation
Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	6

Transaction ID: 13517167

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Robert Broermann

Mailing Address 6015 Poplar Hall Drive

City	State	Zip Code
Norfolk	VA	23502-3819

FEC ID number of contributing
federal political committee.**C**Name of Employer
Sentara HealthcareOccupation
Senior Vice President and Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	6

Transaction ID: 13517168

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Eileen Dohmann

Mailing Address 6508 Flowerdew Hundred Ct.

City	State	Zip Code
Centreville	VA	20120-3755

FEC ID number of contributing
federal political committee.**C**Name of Employer
Mary Washington HospitalOccupation
Vice President, Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	6

Transaction ID: 13517170

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Kevin C Martin

Mailing Address 630 East River Street

City	State	Zip Code
Elyria	OH	44035-5902

FEC ID number of contributing
federal political committee.**C**Name of Employer
EMH Regional Medical CenterOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	6

Transaction ID: 13517813

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael D Connelly

Mailing Address 615 Elsinore Place

City State Zip Code
Cincinnati OH 45202-1459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catholic Healthcare Partners

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 6

Transaction ID: 13517814

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Joseph Grennan, M.D.

Mailing Address P O Box 1790

City State Zip Code
Youngstown OH 44501-1790

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Elizabeth Health Center

Occupation
Senior Vice President and Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 6

Transaction ID: 13517815

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. David Jimenez

Mailing Address 615 Elsinore Place

City State Zip Code
Cincinnati OH 45202-1459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catholic Healthcare Partners

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 6

Transaction ID: 13517816

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. James P Reber

Mailing Address 730 West Market Street

City State Zip Code
 Lima OH 45801-4670

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Rita's Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 4 / 2 0 0 6

Transaction ID: 13517817

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert W Shroder

Mailing Address 667 Eastland Avenue SE

City State Zip Code
 Warren OH 44484-4503

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Health Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 4 / 2 0 0 6

Transaction ID: 13517818

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Matthew D. Williams

Mailing Address 615 Elsinore Place

City State Zip Code
 Cincinnati OH 45202-1459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catholic Healthcare Partners

Occupation
VP, Advocacy and Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 4 / 2 0 0 6

Transaction ID: 13517819

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Edward A Eckenhoff

Mailing Address 102 Irving Street NW

City State Zip Code
 Washington DC 20010-2949

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Rehabilitation
Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 1 5 / 2 0 0 6

Transaction ID: 13519317

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms Stephanie Doughty

Mailing Address 1024 South Lemay Avenue

City State Zip Code
 Fort Collins CO 80524-3998

FEC ID number of contributing
federal political committee.

C

Name of Employer
Poudre Valley Hospital

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 1 5 / 2 0 0 6

Transaction ID: 13521213

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Molly J. Coye, MD

Mailing Address 236 elsie st

City State Zip Code
 San Francisco CA 94110-5508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Technology Center-
San Francisco

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 1 8 / 2 0 0 6

Transaction ID: 13523430

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr Rolf W Knoll, , M.D.
Mailing Address 114 Woodland Street

City State Zip Code
Hartford CT 06105-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital and
Medical Cen

Occupation
Senior Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 13525599

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Dr Amit K Mody, , M.D.
Mailing Address 114 Woodland Street

City State Zip Code
Hartford CT 06105-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Care, Inc.

Occupation
Executive Vice President and Chief Op

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 13525600

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Ms. Kathleen Roche
Mailing Address 114 Woodland Street

City State Zip Code
Hartford CT 06105-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital and
Medical Cen

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 13525601

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Steven Rosenberg

Mailing Address 114 Woodland Street

City State Zip Code
Hartford CT 06105-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital and
Medical Cen

Occupation
Senior Vice President and Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 13525602

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Donald Straceski

Mailing Address 114 Woodland Street

City State Zip Code
Hartford CT 06105-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital and
Medical Cen

Occupation
Vice President Financial Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 13525603

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Thomas P Pipicelli

Mailing Address 326 Washington Street

City State Zip Code
Norwich CT 06360-2740

FEC ID number of contributing
federal political committee.

C

Name of Employer
William W. Backus Hospital,
The

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 13525604

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. R. Christopher Hartley

Mailing Address 114 Woodland Street

City State Zip Code
Hartford CT 06105-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital and
Medical CenOccupation
Senior Vice President Planning and Fac

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 13525605

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. Christopher Dadlez

Mailing Address 893 Farmington Avenue

City State Zip Code
West Hartford CT 06119-1445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital and
Medical CenOccupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 13525606

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Richard J. DavidsonMailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-WashingtOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1960.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 13525717

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Louis H Bremer

Mailing Address 600 East Dixie Avenue

City State Zip Code
 Leesburg FL 34748-5925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leesburg Regional Medical
Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 9 / 2 0 0 6

Transaction ID: 13525780

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. James F. Caldas

Mailing Address 6016 Overlea Road

City State Zip Code
 Bethesda MD 20816-2469

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Hospital Center

Occupation
President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13525868

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Janis M Orlowski, , M.D.

Mailing Address 110 Irving Street NW

City State Zip Code
 Washington DC 20010-2976

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Hospital Center

Occupation
Senior Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13525869

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Robyn Cooke			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address 325 Seventh Street, NW Suite 700			Transaction ID: 13525944	
City State Zip Code Washington DC 20004-2818			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer American Hospital Association-Washingt		Occupation Senior Associate Director Executive Br		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Ms. Mary A. Pittman			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address One North Franklin			Transaction ID: 13525945	
City State Zip Code Chicago IL 60606-3436			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Hospital Research & Educational Trust		Occupation President, HRET		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Ms. Rebecca T Brewer, , FACHE			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address 501 Robertson Boulevard			Transaction ID: 13525947	
City State Zip Code Walterboro SC 29488-5714			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Colleton Medical Center		Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Jay Cox		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6
Mailing Address 129 North Washington Street		Transaction ID: 13525948
City State Zip Code Sumter SC 29150-4983	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Tuomey Healthcare System	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Mr. John C Hales, , FACHE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6
Mailing Address 500 Nelson Boulevard		Transaction ID: 13525951
City State Zip Code Kingstree SC 29556-4027	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Williamsburg Regional Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Mr. Joe D Howell		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6
Mailing Address 1530 North Limestone Street		Transaction ID: 13525952
City State Zip Code Gaffney SC 29340-4742	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Upstate Carolina Medical Center	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. J. Thornton Kirby

Mailing Address 1000 Center Point Road

City State Zip Code
Columbia SC 29210-5802

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Carolina Hospital
Association

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.47

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13525954

Amount of Each Receipt this Period

115.41

Full Name (Last, First, Middle Initial)

B. Catherine E. Leubbert

Mailing Address 160 Tradd Circle

City State Zip Code
Sumter SC 29150-2200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tuomey Healthcare System

Occupation
Director of Physician Recruitment

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13525955

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Gregg Martin

Mailing Address 2252 Rolling Hill Lane

City State Zip Code
Sumter SC 29150-1934

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tuomey Healthcare System

Occupation
Senior Vice President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13525956

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

615.41

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. George Rikard

Mailing Address 26 English Street

City State Zip Code
 Sumter SC 29150-3212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tuomey Healthcare System

Occupation
Corporate Compliance Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13525957

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael Riordan

Mailing Address 4 White Crescent Lane

City State Zip Code
 Simpsonville SC 29681-3614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Hospital System

Occupation
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13525958

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Allan Stalvey

Mailing Address 101 Medical Circle
Post Office Box 6009

City State Zip Code
 West Columbia SC 29169-3655

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Carolina Hospital
Association

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.47

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13525959

Amount of Each Receipt this Period

115.41

SUBTOTAL of Receipts This Page (optional)

865.41

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Doug White Mailing Address 809 82nd Parkway City Myrtle Beach State SC Zip Code 29572-4611 FEC ID number of contributing federal political committee. C Name of Employer Grand Strand Regional Medical Center Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 505.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13525960 Amount of Each Receipt this Period 505.00
B. Full Name (Last, First, Middle Initial) Mr. John R White Mailing Address 801 East Wheeler Road City Moses Lake State WA Zip Code 98837-1820 FEC ID number of contributing federal political committee. C Name of Employer Samaritan Healthcare Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13525963 Amount of Each Receipt this Period 125.00
C. Full Name (Last, First, Middle Initial) Mr. Dennis E Burke Mailing Address 610 NW 11th Street City Hermiston State OR Zip Code 97838-6601 FEC ID number of contributing federal political committee. C Name of Employer Good Shepherd Healthcare System Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13525966 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional)

755.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. George N. Miller			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address One South Limestone Street			Transaction ID: 13525995	
City State Zip Code Springfield OH 45502			Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Catholic Healthcare Partners		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		
B. Full Name (Last, First, Middle Initial) Mr. Alan W Brass, , FACHE			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address 1801 Richards Road			Transaction ID: 13525996	
City State Zip Code Toledo OH 43607-1037			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer ProMedica Health System		Occupation Chief Executive Officer and President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) Mr. Randy Oostra			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address 21 Tremore Way			Transaction ID: 13525997	
City State Zip Code Holland OH 43528-9108			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer ProMedica Health System		Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Barbara Steele

Mailing Address 2142 North Cove Boulevard

City State Zip Code
 Toledo OH 43606-3896

FEC ID number of contributing
federal political committee.

C

Name of Employer
Toledo Hospital, The

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13525998

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr Charles P Swisher, , FACHE

Mailing Address P O Box 907

City State Zip Code
 Fostoria OH 44830-0907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fostoria Community Hospital

Occupation
Corporate Vice President Government Re

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13525999

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. John E Horns

Mailing Address 1200 Ralston Avenue

City State Zip Code
 Defiance OH 43512-1396

FEC ID number of contributing
federal political committee.

C

Name of Employer
Defiance Regional Medical
Center

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13526000

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. R. Reed Fraley

Mailing Address 257 Clouse Lane

City State Zip Code
Granville OH 43023-1428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13526005

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)

Mr. John E. Callender

Mailing Address 2743 Elginfield Road

City State Zip Code
Upper Arlington OH 43220-4247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

487.50

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13526007

Amount of Each Receipt this Period

75.00

C. Full Name (Last, First, Middle Initial)

Dr. David Engler, PhD

Mailing Address 323 Pebble Creek Drive

City State Zip Code
Dublin OH 43017-1370

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Sr. Dir. Data Services & V.P. REF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13526008

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Bridget A. Gargan

Mailing Address 54 West Weisheimer Road

City State Zip Code
 Columbus OH 43214-2545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Director, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13526009

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. R. Reed Fraley

Mailing Address 257 Clouse Lane

City State Zip Code
 Granville OH 43023-1428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13526013

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Ms. Kimberly A. Keiser

Mailing Address 2237 Bryden Road

City State Zip Code
 Bexley OH 43209-1612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13526014

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Charles Cataline

Mailing Address 111 E. Frankfort St.

City State Zip Code
Columbus OH 43206-2011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13526015

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Ms. Mary M. Yost

Mailing Address 924 Riva Ridge Boulevard

City State Zip Code
Gahanna OH 43230-3825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13526017

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. James R. Castle

Mailing Address 815 Gatehouse Lane

City State Zip Code
Columbus OH 43235-1733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13526018

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Rick Sites Mailing Address 1312 Smalwood Drive City Columbus State OH Zip Code 43235-2503 FEC ID number of contributing federal political committee. C Name of Employer Ohio Hospital Association Occupation Staff Legal Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13526020 Amount of Each Receipt this Period 125.00
B. Full Name (Last, First, Middle Initial) Mr. John E. Callender Mailing Address 2743 Elginfield Road City Upper Arlington State OH Zip Code 43220-4247 FEC ID number of contributing federal political committee. C Name of Employer Ohio Hospital Association Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 562.50		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13526021 Amount of Each Receipt this Period 75.00
C. Full Name (Last, First, Middle Initial) Ms. Mary L. Gallagher Mailing Address 205 Fallis Road City Columbus State OH Zip Code 43214-3770 FEC ID number of contributing federal political committee. C Name of Employer Ohio Hospital Association Occupation Vice President & General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13526024 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John E. Callender

Mailing Address 2743 Elginfield Road

City State Zip Code
 Upper Arlington OH 43220-4247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

647.50

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13526025

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Mr. Jeffrey Klingler

Mailing Address 155 East Broad Street

City State Zip Code
 Columbus OH 43215-3626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Director, State Policy & Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13526026

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Mr. John E. Callender

Mailing Address 2743 Elginfield Road

City State Zip Code
 Upper Arlington OH 43220-4247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

847.50

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13526028

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

410.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Susan Stanfield
Mailing Address 6218 Muirlock Court

City State Zip Code
Dublin OH 43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13526029

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
Mr. John E. Callender
Mailing Address 2743 Elginfield Road

City State Zip Code
Upper Arlington OH 43220-4247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

972.50

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13526031

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)
Mr. John E. Callender
Mailing Address 2743 Elginfield Road

City State Zip Code
Upper Arlington OH 43220-4247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1160.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13526033

Amount of Each Receipt this Period

187.50

SUBTOTAL of Receipts This Page (optional)

437.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Robert Christie

Mailing Address 251 East Huron Street

City State Zip Code
 Chicago IL 60611-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Memorial Hos-
pital

Occupation
Vice President, Government and Legisla

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13528505

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Clifford L Corbett

Mailing Address 150 West High Street

City State Zip Code
 Morris IL 60450-1497

FEC ID number of contributing
federal political committee.

C

Name of Employer
Morris Hospital & Healthc-
are Centers

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13528506

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Dean M Harrison

Mailing Address 251 East Huron Street

City State Zip Code
 Chicago IL 60611-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Memorial Hos-
pital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13528508

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. William B Leaver

Mailing Address 2701 17th Street

City State Zip Code
 Rock Island IL 61201-5351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trinity Medical Center-We-
st

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13528510

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Martin Manning

Mailing Address 3013 Mary Kay Lane

City State Zip Code
 Glenview IL 60026-1162

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Health Care

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13528511

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Kevin P Poorten

Mailing Address P O Box 707

City State Zip Code
 Dekalb IL 60115-0707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kish Health System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13528512

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Jean Przybylek

Mailing Address 306 Highland

City State Zip Code
 Elmhurst IL 60126-2245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Memorial Hos-
pital

Occupation
Vice President, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13528513

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Robert G Senneff, , FACHE

Mailing Address 210 West Walnut Street

City State Zip Code
 Princeton IL 61520-2497

FEC ID number of contributing
federal political committee.

C

Name of Employer
Graham Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13528515

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Ms. Terri L. Allen

Mailing Address 1151 East Warrenville Road

City State Zip Code
 Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Regional Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13528547

Amount of Each Receipt this Period

12.50

SUBTOTAL of Receipts This Page (optional)

762.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Elena Butkus Mailing Address 1151 E. Warrenville Road City Naperville State IL Zip Code 60563-9339 FEC ID number of contributing federal political committee. C Name of Employer Illinois Hospital Association Occupation Vice President, Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1043.75		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13528549 Amount of Each Receipt this Period 31.25
B. Full Name (Last, First, Middle Initial) Mr. Mark Deaton Mailing Address 740 North Hayes City Oak Park State IL Zip Code 60302-1706 FEC ID number of contributing federal political committee. C Name of Employer Illinois Hospital Association Occupation Sr. VP, General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 695.88		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13528553 Amount of Each Receipt this Period 20.83
C. Full Name (Last, First, Middle Initial) Ms. Nancy DeMarco Mailing Address 1151 East Warrenville Road City Naperville State IL Zip Code 60563-9339 FEC ID number of contributing federal political committee. C Name of Employer Illinois Hospital Association Occupation Director of Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1043.75		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13528554 Amount of Each Receipt this Period 31.25

SUBTOTAL of Receipts This Page (optional)

83.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Lois DeTraglia
Mailing Address 1151 E. Warrenville Rd.

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Director, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.86

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13528555

Amount of Each Receipt this Period

10.42

B. Full Name (Last, First, Middle Initial)
Ms. Barbara Filliung
Mailing Address 1013 59th Street

City State Zip Code
Lisle IL 60532-3122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Director, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.86

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13528556

Amount of Each Receipt this Period

10.42

C. Full Name (Last, First, Middle Initial)
Mr. Brian Foster
Mailing Address 1151 E. Warrenville Rd.
PO Box 3015

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.89

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13528557

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)

41.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Tamara Lynn Gamrat
Mailing Address 1911 Hamilton Street

City State Zip Code
Murphysboro IL 62966-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Memorial Hospi-
tal

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.89

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13528558

Amount of Each Receipt this Period

7.81

B. Full Name (Last, First, Middle Initial)
Ms. Ann C. Guild
Mailing Address 1151 E. Warrenville Rd.
PO Box 3015

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.88

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13528560

Amount of Each Receipt this Period

20.83

C. Full Name (Last, First, Middle Initial)
Mr. Ed Holzhauer
Mailing Address 1755 Maple Lane

City State Zip Code
Wheaton IL 60187-3317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central DuPage Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

937.50

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13529114

Amount of Each Receipt this Period

37.50

SUBTOTAL of Receipts This Page (optional)

66.14

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Teresa Hursey

Mailing Address 1151 East Warrenville Road

City State Zip Code
 Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1043.75

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13529115

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

B. Ms. Susan Kaufman

Mailing Address 1151 E. Warranville Rd.

City State Zip Code
 Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.50

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13529117

Amount of Each Receipt this Period

10.50

Full Name (Last, First, Middle Initial)

C. Ms. Nichole Magalis

Mailing Address 1151 East Warrenville Road

City State Zip Code
 Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Director, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.86

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13529119

Amount of Each Receipt this Period

10.42

SUBTOTAL of Receipts This Page (optional)

52.17

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Patricia Merryweather-Arges

Mailing Address 1151 E. Warrenville Road
PO Box 3015

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1043.75

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13529120

Amount of Each Receipt this Period

31.25

B. Full Name (Last, First, Middle Initial)
Mr. Howard A. Peters, III

Mailing Address 4109 Southwoods Road

City State Zip Code
Springfield IL 62707-6070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1043.75

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13529123

Amount of Each Receipt this Period

31.25

C. Full Name (Last, First, Middle Initial)
Mr. John J. Raleigh

Mailing Address 1141 East Warrenville Road

City State Zip Code
Naperville IL 60563-1493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13529125

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

187.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kenneth C. Robbins

Mailing Address 1531 Maria Court

City

Wheaton

State

IL

Zip Code

60187-3777

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1043.75

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13529128

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

B. Mr. Gary A Meyer

Mailing Address P O Box 2349

City

Seymour

State

IN

Zip Code

47274-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schneck Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547635

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Leslie Lacy

Mailing Address P O Box 547

City

Saint Francis

State

KS

Zip Code

67756-0547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cheyenne County Hospital

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547651

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)

556.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Thomas L. Bell
Mailing Address 4301 NW Valley Road

City State Zip Code
Topeka KS 66618-3445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas Hospital Associati-
on

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.31

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547659

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Thomas L. Bell
Mailing Address 4301 NW Valley Road

City State Zip Code
Topeka KS 66618-3445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas Hospital Associati-
on

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547660

Amount of Each Receipt this Period

57.69

C. Full Name (Last, First, Middle Initial)
Mr. Fred J. Lucky
Mailing Address 14607 West 89th Street

City State Zip Code
Lenexa KS 66215-2967

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas Hospital Associati-
on

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.98

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547661

Amount of Each Receipt this Period

57.69

SUBTOTAL of Receipts This Page (optional)

365.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Deborah Frey Stern Mailing Address 3010 Clark Court City State Zip Code Topeka KS 66604-2660 FEC ID number of contributing federal political committee. C Name of Employer Kansas Hospital Association Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 212.56			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13547662 Amount of Each Receipt this Period 28.86
B. Full Name (Last, First, Middle Initial) Mr. Bruce P Bailey Mailing Address Drawer 1718 City State Zip Code Georgetown SC 29442-1718 FEC ID number of contributing federal political committee. C Name of Employer Georgetown Memorial Hospital Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13547829 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Mr. Michael J Biediger Mailing Address 2720 Sunset Boulevard City State Zip Code West Columbia SC 29169-4810 FEC ID number of contributing federal political committee. C Name of Employer Lexington Medical Center Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13547840 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1028.86

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Richard Boyer

Mailing Address 6143 Hampton Ridge

City State Zip Code
Columbia SC 29209-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sisters of Charity Provid-
ence Hospital

Occupation
Director of Emergency Department

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547842

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mr. Jay Cox

Mailing Address 129 North Washington Street

City State Zip Code
Sumter SC 29150-4983

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tuomey Healthcare System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547844

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. Thomas C Dandridge

Mailing Address 3000 St Matthews Road

City State Zip Code
Orangeburg SC 29118-1442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Medical Center
of Orangeburg

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547848

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms Lisa Goodlett
Mailing Address 3000 St Matthews Road

City State Zip Code
Orangeburg SC 29118-1442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Medical Center
of Orangeburg

Occupation
Vice President Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547852

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Edmond R. Jordan
Mailing Address 201 Graylyn Drive

City State Zip Code
Anderson SC 29621-1985

FEC ID number of contributing
federal political committee.

C

Name of Employer
AnMED Health Medical Cent-
er

Occupation
Director of Urgent Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547854

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Dr. Joseph Modzelewski
Mailing Address 2435 Forest Drive

City State Zip Code
Columbia SC 29204-2026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sisters of Charity Provid-
ence Hospital

Occupation
Vice Chief of Medical Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547855

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Michael Riordan
Mailing Address 4 White Crescent Lane

City State Zip Code
Simpsonville SC 29681-3614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Hospital System

Occupation
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547856

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. Stuart Smith
Mailing Address 169 Ashley Avenue

City State Zip Code
Charleston SC 29403-5836

FEC ID number of contributing
federal political committee.

C

Name of Employer
MUSC Medical Center of Me-
dical Univers

Occupation
Vice President Clinical Operations and

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547858

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr Frank G McDougall
Mailing Address One Medical Center Drive

City State Zip Code
Lebanon NH 03756-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dartmouth-Hitchcock Medic-
al Center

Occupation
Director Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547889

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael B Green

Mailing Address 250 Pleasant Street

City State Zip Code
 Concord NH 03301-2598

FEC ID number of contributing
federal political committee.

C

Name of Employer
Concord Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547903

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Thomas Marchozzi

Mailing Address 110 Irving Street Northwest

City State Zip Code
 Washington DC 20010-2976

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Hospital Center

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547925

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Ann Campbell

Mailing Address 401 Knolls Road

City State Zip Code
 West Chester PA 19382-8254

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virtua Health

Occupation
Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547929

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Christopher A Chekouras

Mailing Address 483 Atsion Road

City State Zip Code
 Shamong NJ 08088-8942

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virtua Health

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547930

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Stephen Kolesk

Mailing Address 155 York Road

City State Zip Code
 Delran NJ 08075-2217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virtua Health

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547931

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City State Zip Code
 Langhorne PA 19047-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547935

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

505.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John J. Dawidowski

Mailing Address 17 Brookshire Drive

City State Zip Code
 Robbinsville NJ 08691-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
Vice President & General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547936

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

B. Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City State Zip Code
 Livingston NJ 07039-2750

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547937

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

C. Mr. Guy P. Evans

Mailing Address 41 Manitto Place

City State Zip Code
 Oceanport NJ 07757-1510

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547938

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

15.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City	State	Zip Code
New Hope	PA	18938-5760

FEC ID number of contributing
federal political committee.**C**Name of Employer
New Jersey Hospital Assoc-
iationOccupation
Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13547940

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

B. Ms. Valerie S. Kantrowitz

Mailing Address 82 Millers Grove Road

City	State	Zip Code
Belle Mead	NJ	08502-4306

FEC ID number of contributing
federal political committee.**C**Name of Employer
New Jersey Hospital Assoc-
iationOccupation
Senior V.P., Health Planning & Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13547941

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

C. Mr. David P. Lavins

Mailing Address 10 Fox Chase Road

City	State	Zip Code
Malvern	PA	19355-3441

FEC ID number of contributing
federal political committee.**C**Name of Employer
New Jersey Hospital Assoc-
iationOccupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13547943

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

15.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. John K Lloyd

Mailing Address 1350 Campus Parkway

City State Zip Code
 Wall Township NJ 07753-6821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meridian Health

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547957

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City State Zip Code
 Livingston NJ 07039-2750

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547958

Amount of Each Receipt this Period

10.00

C. Full Name (Last, First, Middle Initial)

Mr. Robert Brehm

Mailing Address 1199 Pleasant Valley Way

City State Zip Code
 West Orange NJ 07052-1424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kessler Institute for Reh-
abilitation

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.50

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547959

Amount of Each Receipt this Period

27.50

SUBTOTAL of Receipts This Page (optional)

537.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City State Zip Code
Langhorne PA 19047-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547960

Amount of Each Receipt this Period

120.00

B. Full Name (Last, First, Middle Initial)
Dr. Bruce M Gans, M.D.

Mailing Address 6 Amherst Road

City State Zip Code
Chatham NJ 07928-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kessler Institute for Reh-
abilitation

Occupation
Executive Vice President and Chief Med

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.50

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547961

Amount of Each Receipt this Period

27.50

C. Full Name (Last, First, Middle Initial)
Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City State Zip Code
New Hope PA 18938-5760

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.43

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547964

Amount of Each Receipt this Period

20.42

SUBTOTAL of Receipts This Page (optional)

167.92

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. John E. Graydon Mailing Address 93 Matlack Drive City State Zip Code Voorhees NJ 08043-4723 FEC ID number of contributing federal political committee. C Name of Employer Occupation Virtua Health Vice President Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13547967 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Ms. Adrienne Kirby Mailing Address 1271 Charleston Road City State Zip Code Cherry Hill NJ 08034-3133 FEC ID number of contributing federal political committee. C Name of Employer Occupation Virtua Health Vice President and Chief Operating Off Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13547969 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Mr. Gary Long Mailing Address 2 Meadowview Drive City State Zip Code Shamong NJ 08088-8596 FEC ID number of contributing federal political committee. C Name of Employer Occupation Virtua Health Vice President/COO Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13547970 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Linda Wilson Mailing Address 331 Jackson Road City State Zip Code Atco NJ 08004-1646 FEC ID number of contributing federal political committee. C Name of Employer Virtua Health Occupation Vice President Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13547971 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Mr. John F Prochilo Mailing Address 70 Butler Street City State Zip Code Salem NH 03079-3925 FEC ID number of contributing federal political committee. C Name of Employer Northeast Rehabilitation Hospital Occupation Chief Executive Officer and Administra Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13547975 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Ms. Sharon A. Gale, RN, MSN Mailing Address 101 Cambridge Street 220 City State Zip Code Burlington MA 01803-3766 FEC ID number of contributing federal political committee. C Name of Employer Massachusetts Organization of Nurse Ex Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13549630 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Dr Thomas P Glynn, , Ph.D. Mailing Address 800 Boylston Street, Ste 1150 City State Zip Code Boston MA 02199-8001 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13549632 Amount of Each Receipt this Period 500.00
Name of Employer Partners HealthCare System, Inc. Occupation Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Ms. Delia O'Connor Mailing Address 25 Highland Avenue City State Zip Code Newburyport MA 01950-3867 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13549636 Amount of Each Receipt this Period 200.00
Name of Employer Anna Jaques Hospital Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00		
C. Full Name (Last, First, Middle Initial) Ms. Sheila Daly Mailing Address 201 Highland Street City State Zip Code Clinton MA 01510-1096 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13549637 Amount of Each Receipt this Period 250.00
Name of Employer Clinton Hospital Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ronald B Goodspeed, , M.D., M.

Mailing Address 363 Highland Avenue

City State Zip Code
 Fall River MA 02720-3700

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southcoast Hospitals Group

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13549640

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Christopher Perry

Mailing Address 5131 SW 168 Avenue

City State Zip Code
 S.W. Ranches FL 3331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
Director, HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550033

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Ms. Mary Alice Phelan

Mailing Address 2970 St. Johns Avenue
 #5D

City State Zip Code
 Jacksonville FL 32205-8729

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent's Medical Center

Occupation
Director, Community Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550034

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. J E Piriz

Mailing Address 3501 Johnson Street

City State Zip Code
Hollywood FL 33021-5421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550036

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Ms. Diane S. Raines

Mailing Address 4090 San Jose Boulevard

City State Zip Code
Jacksonville FL 32207-6063

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Health

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550039

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)

Dr. C. B. Rebsamen, MD

Mailing Address 18201 Chesapeake Ct.

City State Zip Code
Fort Myers FL 33908-4676

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lee Memorial Hospital

Occupation
Chief Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550042

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Joseph P. Reilly

Mailing Address 1740 NE First Street

City State Zip Code
Fort Lauderdale FL 33301-3760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional HospitalOccupation
Administrator, External Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	6

Transaction ID: 13550044

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
Mr. Kenneth P. Resmini

Mailing Address 2445 N. 37th Avenue

City State Zip Code
Hollywood FL 33021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional HospitalOccupation
Director of Compliance & Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	6

Transaction ID: 13550045

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. William J. Robinson

Mailing Address 9231 S.W. 42nd Lane

City State Zip Code
Gainesville FL 32608-4171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shands HealthCareOccupation
Sr. VP & Treasurer/Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	6

Transaction ID: 13550046

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr Paul M Rosenberg

Mailing Address 1600 SW Archer Road

City State Zip Code
Gainesville FL 32610-0326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shands HealthCare

Occupation
Senior Vice President and General Coun

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550047

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Zeff Ross

Mailing Address 703 North Flamingo Road

City State Zip Code
Pembroke Pines FL 33028-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital West

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550048

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Frank V Sacco, , FACHE

Mailing Address 3501 Johnson Street

City State Zip Code
Hollywood FL 33021-5487

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550049

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms Judy Sada Mailing Address 1901 SW 172nd Avenue City Miramar State FL Zip Code 33029-5592 FEC ID number of contributing federal political committee. C Name of Employer Memorial Hospital Miramar Occupation Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13550050 Amount of Each Receipt this Period 125.00
B. Full Name (Last, First, Middle Initial) Mr. Steven R. Sampier Mailing Address 2830 S.W. 19th Terrace Unit C City Fort Lauderdale State FL Zip Code 33315-2720 FEC ID number of contributing federal political committee. C Name of Employer Memorial Regional Hospital Occupation Director of Community Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13550051 Amount of Each Receipt this Period 125.00
C. Full Name (Last, First, Middle Initial) Dr. Charles A Schauer, , Ph.D. Mailing Address 3599 University Blvd South City Jacksonville State FL Zip Code 32216-4211 FEC ID number of contributing federal political committee. C Name of Employer Brooks Rehabilitation Hospital Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13550052 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional)**375.00****TOTAL** This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David L. Schlemmer

Mailing Address 8621 NW 53rd Court

City State Zip Code
 Coral Springs FL 33067-2846

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
Administrative Director of Constructio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550053

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr David Smith

Mailing Address 3501 Johnson Street

City State Zip Code
 Hollywood FL 33021-5421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550055

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

C. Mr Joseph Stuczynski

Mailing Address 7800 Sheridan Street

City State Zip Code
 Pembroke Pines FL 33024-2536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital Pembroke

Occupation
Assistant Administrator Finance and Su

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550058

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms Deborah Tedder

Mailing Address 3501 Johnson Street

City State Zip Code
 Hollywood FL 33021-5421

FEC ID number of contributing federal political committee.

C

Name of Employer
Memorial Regional HospitalOccupation
Chief Operating Officer and Chief Nurs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550059

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Ms. Nina Tucker

Mailing Address 3115 N. 36th Avenue

City State Zip Code
 Hollywood FL 33021-3062

FEC ID number of contributing federal political committee.

C

Name of Employer
Memorial Regional HospitalOccupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550062

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Ms. Tammy Tucker

Mailing Address 9631 Ridgeside Court

City State Zip Code
 Davie FL 33328-6907

FEC ID number of contributing federal political committee.

C

Name of Employer
Memorial Regional HospitalOccupation
Associate Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550063

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Felicia Turnley

Mailing Address 5212 NW 67th Avenue

City State Zip Code
Lauderhill FL 33319-7226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital WestOccupation
Administrative Director, Cancer Servic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	6

Transaction ID: 13550064

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
Dr Miguel Venereo, M.D.

Mailing Address 703 North Flamingo Road

City State Zip Code
Pembroke Pines FL 33028-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital WestOccupation
Director Medical Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	6

Transaction ID: 13550066

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)
Ms. Maggie Wiegandt

Mailing Address 19260 SW 30th Street

City State Zip Code
Miramar FL 33029-5817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare SystemOccupation
Asst. Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	6

Transaction ID: 13550069

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Greg Zorman, M.D.
Mailing Address 5730 Arapahoe Road

City State Zip Code
Fort Lauderdale FL 33312-6354

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare SystemOccupation
Chief of Neurosurgery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	6

Transaction ID: 13550073

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. Douglas Baer
Mailing Address 77 Tallwood Road

City State Zip Code
Jacksonville FL 32250-2924

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brooks Rehabilitation Hos-
pitalOccupation
President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	6

Transaction ID: 13550077

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)
Mr. Gary S Barber
Mailing Address 3501 Johnson Street

City State Zip Code
Hollywood FL 33021-5421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare SystemOccupation
General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	6

Transaction ID: 13550079

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Clifford J. Bauer			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address 401 North West 131st Avenue			Transaction ID: 13550081	
City State Zip Code Plantation FL 33325			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer North Ridge Medical Center		Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Ms. Veronica Bautista			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address 11022 Chandler Drive			Transaction ID: 13550082	
City State Zip Code Hollywood FL 33026-4742			Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Memorial Healthcare System		Occupation Director of Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Mr. Philip K Beauchamp, , FACHE			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address P O Box 210			Transaction ID: 13550083	
City State Zip Code Clearwater FL 33757-0210			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Morton Plant Mease Health Care		Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Paul Belcher

Mailing Address Rt. 15, Box 241

City State Zip Code
Tallahassee FL 32311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Associat-
ion

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550084

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mr John A Benz

Mailing Address 3501 Johnson Street

City State Zip Code
Hollywood FL 33021-5421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Strategic Business and Development Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550085

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr Forest Blanton

Mailing Address 3501 Johnson Street

City State Zip Code
Hollywood FL 33021-5421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Administrator Process Engineering

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550088

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms Sue E Bradford, R.N.

Mailing Address 703 North Flamingo Road

City State Zip Code
Pembroke Pines FL 33028-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital West

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550091

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Ms. Sue G Brody

Mailing Address 701 Sixth Street South

City State Zip Code
Saint Petersburg FL 33701-4891

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayfront Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550092

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr Walter Bussell

Mailing Address 703 North Flamingo Road

City State Zip Code
Pembroke Pines FL 33028-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital West

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550096

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Leah A. Carpenter, BS,RN,MPA

Mailing Address 2571 SW 190th Avenue

City State Zip Code
 Miramar FL 33029-2463

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
Nurse Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550098

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Ms. Clarice M. Conti

Mailing Address 317 SE 4th Terrace

City State Zip Code
 Dania FL 33004-4714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550105

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Mr. William A. Edelstein

Mailing Address 1930 Lakepoint Dr.

City State Zip Code
 Weston FL 33326-2355

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Nursing Home Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550118

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Dana Ferrell

Mailing Address 807 Nira Street

City State Zip Code

Jacksonville

FL

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nemours Children's Clinic

Occupation
Director of Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550120

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Eric Freling

Mailing Address 2500 Princeton Court

City State Zip Code

Weston

FL

33327-1501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lee Memorial Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550121

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)

Ms. Cynthia Friedewald

Mailing Address 10220 SW 12th Street

City State Zip Code

Pembroke Pines

FL

33025-4701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Chief Nurse Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550122

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr Robert Galloway

Mailing Address 1350 South Hickory Street

City State Zip Code
Melbourne FL 32901-3278

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holmes Regional Medical
Center

Occupation
Senior Vice President Finance and Chief

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550124

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
Ms. Martha Garcia

Mailing Address 7800 Sheridan Street

City State Zip Code
Pembroke Pines FL 33024-2536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital Pembroke

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550125

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Lawrence F. Garrison

Mailing Address 6450 US Highway 1

City State Zip Code
Rockledge FL 32955-5747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cape Canaveral Hospital/H-
ealth First

Occupation
Executive Vice President and COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550127

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Timothy J Goldfarb

Mailing Address P O Box 100326

City State Zip Code
 Gainesville FL 32610-0326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shands at the University
of Florida

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550130

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Ms. Mary M. Guaracino

Mailing Address 140 Commodore Drive
 Apt. 710

City State Zip Code
 Plantation FL 33325-2691

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Nursing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550131

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)

Mr Kevin R Hammeran

Mailing Address 3100 SW 62nd Avenue

City State Zip Code
 Miami FL 33155-3009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miami Children's Hospital

Occupation
Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550133

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Elaine Hawkins

Mailing Address 9736 Commerce Center Ct.

City State Zip Code
Fort Myers FL 33908-3624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Specialty Risk Management
Services

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550135

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
Mr. C. Kennon Hetlage

Mailing Address 1901 SW 172nd Avenue

City State Zip Code
Miramar FL 33029-5592

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital Miramar

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550139

Amount of Each Receipt this Period

375.00

C. Full Name (Last, First, Middle Initial)
Mr. Stuart Hopen

Mailing Address 3831 N. 43rd Avenue

City State Zip Code
Hollywood FL 33021-1831

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
Assistant General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550140

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ronald A Hytoff

Mailing Address P O Box 1289

City

Tampa

State

FL

Zip Code

33601-1289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tampa General Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.50

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550143

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Mr. Richard M Irwin

Mailing Address 10000 West Colonial Drive

City

Ocoee

State

FL

Zip Code

34761-3499

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Central

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550145

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Patricia Jackson

Mailing Address 1920 South Ocean Drive
Apt. 1709

City

Fort Lauderdale

State

FL

Zip Code

33316-3764

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation

Risk Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550146

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Joe Johnson

Mailing Address 1055 Saxon Boulevard

City State Zip Code
 Orange City FL 32763-8468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Fish Mem-
orial

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550149

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Catherine B. Johnson

Mailing Address 8390 North West 24th Court

City State Zip Code
 Pembroke Pines FL 33024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital of Jack-
sonville

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550151

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Mr. Reginald L. Jordan

Mailing Address 5510 S.W. 21st Street

City State Zip Code
 Hollywood FL 33023-3116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital Pembroke

Occupation
Associate Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550155

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ray Kendrick

Mailing Address 4232 Mahogany Ridge Drive

City State Zip Code
 Weston FL 33331-3826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital West

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550156

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Anthony C. Kraye, III

Mailing Address 340 W. Tropicla Way

City State Zip Code
 Plantation FL 33317-3329

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Chief Corporate Affairs Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550158

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Ford Kyes

Mailing Address P O Box 12588

City State Zip Code
 Saint Petersburg FL 33733-2588

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Anthony's Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550159

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Lorraine L. Lutton Mailing Address 6508 North River Boulevard City Tampa State FL Zip Code 33604-6028 FEC ID number of contributing federal political committee. C Name of Employer St. Joseph's Hospital Occupation Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13550164 Amount of Each Receipt this Period 125.00
B. Full Name (Last, First, Middle Initial) Mr. Isaac Mallah Mailing Address P O Box 4227 City Tampa State FL Zip Code 33677-4227 FEC ID number of contributing federal political committee. C Name of Employer St. Joseph's Hospital Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13550167 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Ms. Dorothy J Mancini, , R.N. Mailing Address 6401 North Federal Highway City Laud By Sea State FL Zip Code 33308-1405 FEC ID number of contributing federal political committee. C Name of Employer Imperial Point Medical Center Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13550168 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr Stanley Marks, , M.D.

Mailing Address 3501 Johnson Street

City State Zip Code
Pembroke Pines FL 33021-5421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550170

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Stephen Mason

Mailing Address 3909 Snapper Pointe Drive

City State Zip Code
Tampa FL 33611-1030

FEC ID number of contributing
federal political committee.

C

Name of Employer
N.W. Fla. Comm. Hospital

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550172

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Mary McGillicuddy

Mailing Address 2820 SE 19th Place

City State Zip Code
Cape Coral FL 33904-4015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lee Memorial Hospital

Occupation
Legal Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550183

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Marilyn R. Miceli Mailing Address 21538 sweetwater Lane City State Zip Code Boca Raton FL 33428-1015 FEC ID number of contributing federal political committee. C Name of Employer Occupation Memorial Regional Hospital Administrative Director Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13550185 Amount of Each Receipt this Period 125.00
B. Full Name (Last, First, Middle Initial) Mr. George Mikitarian Mailing Address 951 North Washington Avenue City State Zip Code Titusville FL 32796-2163 FEC ID number of contributing federal political committee. C Name of Employer Occupation Parrish Medical Center Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13550186 Amount of Each Receipt this Period 125.00
C. Full Name (Last, First, Middle Initial) Mr Matthew J Muhart Mailing Address 3501 Johnson Street City State Zip Code Hollywood FL 33021-5421 FEC ID number of contributing federal political committee. C Name of Employer Occupation Memorial Healthcare System Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13550194 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Anthony E. Watkins, MD.

Mailing Address 1785 Redwood Terrace

City

Washington

State

DC

Zip Code

20012-1054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Hospital Center

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13550859

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Rand J Wortman

Mailing Address 888 Swift Boulevard

City

Richland

State

WA

Zip Code

99352-3542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kadlec Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13550969

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Medrice Coluccio

Mailing Address P O Box 3002

City

Longview

State

WA

Zip Code

98632-0302

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13550970

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Joseph M Kortum

Mailing Address P O Box 1600

City State Zip Code
Vancouver WA 98668-1600

FEC ID number of contributing federal political committee.

C

Name of Employer
Southwest Washington Medi-
cal CenterOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13550971

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Ms. Janet True

Mailing Address 300 Elliott Avenue West
Suite 300

City State Zip Code
Seattle WA 98119-4198

FEC ID number of contributing federal political committee.

C

Name of Employer
Washington State Hospital
AssociationOccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13550972

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Ms Terry Murphy

Mailing Address 640 South State Street

City State Zip Code
Dover DE 19901-3597

FEC ID number of contributing federal political committee.

C

Name of Employer
Bayhealth Medical CenterOccupation
Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13557391

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Dennis E Klima

Mailing Address 640 South State Street

City State Zip Code
Dover DE 19901-3597

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayhealth Medical CenterOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13558274

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. Clarence LaLiberty

Mailing Address 2603 West 16th Street

City State Zip Code
Wilmington DE 19806-1103

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Francis HospitalOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13558457

Amount of Each Receipt this Period

825.00

C. Full Name (Last, First, Middle Initial)
Ms Vanessa Purnell

Mailing Address 201 East University Parkway

City State Zip Code
Baltimore MD 21218-2895

FEC ID number of contributing
federal political committee.

C

Name of Employer
Union Memorial HospitalOccupation
Assistant Vice President Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13558488

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1575.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Bradley Chambers Mailing Address 201 East University Parkway City State Zip Code Baltimore MD 21218-2895 FEC ID number of contributing federal political committee. C Name of Employer Union Memorial Hospital Occupation Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13558489 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Ms. Rosalie Most Mailing Address 201 East University Parkway City State Zip Code Baltimore MD 21218-2891 FEC ID number of contributing federal political committee. C Name of Employer Union Memorial Hospital Occupation Vice President Care Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13558493 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Mr Joseph B Smith Mailing Address 201 East University Parkway City State Zip Code Baltimore MD 21218-2895 FEC ID number of contributing federal political committee. C Name of Employer Union Memorial Hospital Occupation Vice President Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13558494 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Harrison J Rider

Mailing Address 201 East University Parkway

City	State	Zip Code
Baltimore	MD	21218-2829

FEC ID number of contributing
federal political committee.**C**Name of Employer
Union Memorial HospitalOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13558495

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Stuart Bell, , M.D.

Mailing Address 201 East University Parkway

City	State	Zip Code
Baltimore	MD	21218-2891

FEC ID number of contributing
federal political committee.**C**Name of Employer
Union Memorial HospitalOccupation
Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13558496

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Vanessa A. Difflumeri

Mailing Address 201 East University Parkway

City	State	Zip Code
Baltimore	MD	21218-2829

FEC ID number of contributing
federal political committee.**C**Name of Employer
Union Memorial HospitalOccupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13558497

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Vahe A. Kazandjian

Mailing Address 8392 Sweet Cherry Lane

City State Zip Code
 Laurel MD 20723-1062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maryland Hospital Associa-
tion

Occupation
Sr. Vice President, Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13558498

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. Ms. Michele K. Matton

Mailing Address 1132 Nichols Ct.

City State Zip Code
 Millersville MD 21108-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer
MedStar Health

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13558502

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Lawrence M Beck

Mailing Address 5601 Loch Raven Boulevard

City State Zip Code
 Baltimore MD 21239-2995

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Samaritan Hospital
of Maryland

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13558503

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Beth Berry Mailing Address 500 Interstate Boulevard South City Nashville State TN Zip Code 37210-4634 FEC ID number of contributing federal political committee. C Name of Employer Tennessee Hospital Association Occupation Sr. Vice President, Government Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13558984 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mr. James L Brexler Mailing Address 975 East Third Street City Chattanooga State TN Zip Code 37403-2163 FEC ID number of contributing federal political committee. C Name of Employer Erlanger Medical Center Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13558985 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Ms. Jeannine Briley Mailing Address 500 Interstate Blvd. South City Nashville State TN Zip Code 37210-4634 FEC ID number of contributing federal political committee. C Name of Employer Tennessee Hospital Association Occupation Vice President, Education Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13558986 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Chris Clarke Mailing Address 500 Interstate Blvd. South City State Zip Code Nashville TN 37210-4634 FEC ID number of contributing federal political committee. C Name of Employer Tennessee Hospital Association Occupation Senior Vice President, Clinical and Pr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13558988 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Mr. James Byrd Mailing Address 500 Interstate Blvd. South City State Zip Code Nashville TN 37210-4634 FEC ID number of contributing federal political committee. C Name of Employer Bradley Memorial Hospital Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13558989 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Ms. Donna Dickens Mailing Address 500 Interstate Boulevard South City State Zip Code Nashville TN 37210-4634 FEC ID number of contributing federal political committee. C Name of Employer Tennessee Hospital Association Occupation Vice President, Accounting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13558990 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael A. Dietrich

Mailing Address 500 Interstate Boulevard South

City State Zip Code
 Nashville TN 37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee Hospital Associ-
ation

Occupation
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13558991

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. James L. Goodloe

Mailing Address 500 Interstate Blvd. South

City State Zip Code
 Nashville TN 37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee Hospital Associ-
ation

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13558994

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Michael Huggins

Mailing Address 500 Interstate Boulevard South

City State Zip Code
 Nashville TN 37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee Hospital Associ-
ation

Occupation
Executive Vice President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13558998

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Bill Jolley Mailing Address 500 Interstate Blvd., South City Nashville State TN Zip Code 37210-4634 FEC ID number of contributing federal political committee. C Name of Employer Tennessee Hospital Association Occupation Assistant Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13558999 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Ms. Michelle Long Mailing Address 500 Interstate Blvd. South City Nashville State TN Zip Code 37210-4634 FEC ID number of contributing federal political committee. C Name of Employer Tennessee Hospital Association Occupation SVP and General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13559002 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Mr. David H. McClure Mailing Address 500 Interstate Boulevard South City Nashville State TN Zip Code 37210-4634 FEC ID number of contributing federal political committee. C Name of Employer Tennessee Hospital Association Occupation Vice President, Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13559004 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Kem Mullins
Mailing Address 2986 Kate Bond Road

City State Zip Code
Bartlett TN 38133-4003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital-Ba-
rnett

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559006

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Paul R Bengtson
Mailing Address P O Box 905

City State Zip Code
Saint Johnsbury VT 05819-9962

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northeastern Vermont Regi-
onal Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Barry G Beeman
Mailing Address 17 Belmont Avenue

City State Zip Code
Brattleboro VT 05301-6613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brattleboro Memorial Hosp-
ital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559016

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Marie Beatrice Grause, RN, JD

Mailing Address 1580 North Street

City

Montpelier

State

VT

Zip Code

05602-2997

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vermont Association of Ho-
spitals & Hea

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559017

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Joseph L Woodin

Mailing Address P O Box 2000

City

Randolph

State

VT

Zip Code

05060-2000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gifford Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559018

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Timothy L Charles

Mailing Address 701 Tenth Street SE

City

Cedar Rapids

State

IA

Zip Code

52403-1251

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559118

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Vicki L. Briggs
Mailing Address 196 Highland View Dr

City State Zip Code
Birmingham AL 35242-6847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trinity Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13559166

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Mr. William H Anderson
Mailing Address P O Box 610

City State Zip Code
Sheffield AL 35660-0610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Helen Keller Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13559218

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Heidi L. Gartland
Mailing Address 5958 Heather Lane

City State Zip Code
Hudson OH 44236-4325

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Hospitals of
Cleveland

Occupation
Vice President, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559219

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Laura Miller Mailing Address 1616 Whispering Pines Lane City Bellefontaine State OH Zip Code 43311-9240 FEC ID number of contributing federal political committee. C Name of Employer Mary Rutan Hospital Occupation Assistant VP, Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13559225 Amount of Each Receipt this Period 125.00
B. Full Name (Last, First, Middle Initial) Ms. Lynn R. Olman Mailing Address 1348 Custer Avenue City Cincinnati State OH Zip Code 45208-2525 FEC ID number of contributing federal political committee. C Name of Employer Greater Cincinnati Health Council Occupation President Emeritus Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13559226 Amount of Each Receipt this Period 125.00
C. Full Name (Last, First, Middle Initial) Mr. Joan G. Swenson Mailing Address 3321 Beaumonde Lane City Kettering State OH Zip Code 45409-1149 FEC ID number of contributing federal political committee. C Name of Employer Kettering Medical Center-Network Occupation Director, Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13559227 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard F Castrop

Mailing Address 55 Hospital Drive

City State Zip Code
 Athens OH 45701-2302

FEC ID number of contributing
federal political committee.

C

Name of Employer
O'Bleness Memorial Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559228

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Ms. Tamara Gump

Mailing Address 201 East glen Drive

City State Zip Code
 Bellefontaine OH 43311-9106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mary Rutan Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559229

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Mr. Patrick J Martin

Mailing Address 272 Benedict Avenue

City State Zip Code
 Norwalk OH 44857-2374

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fisher-Titus Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559230

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr William A Powel
Mailing Address 525 East Market Street

City State Zip Code
Akron OH 44309-2090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Summa Health System

Occupation
Vice President Legal Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559231

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
Mr. Dominic Prunte
Mailing Address 2814 Bryden Road

City State Zip Code
Columbus OH 43209-2248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairfield Medical Center

Occupation
Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559232

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)
Mr. Ted Ripperger
Mailing Address 3280 Showmaker Road

City State Zip Code
Lebanon OH 45036-9066

FEC ID number of contributing
federal political committee.

C

Name of Employer
Middletown Regional Hospi-
tal

Occupation
Personnel Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559233

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Patricia A Ruffin

Mailing Address 7007 Powers Boulevard

City State Zip Code
 Parma OH 44129-5437

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parma Community General
Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559234

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Mr Howard Sniderman

Mailing Address 401 North Ewing Street

City State Zip Code
 Lancaster OH 43130-3372

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairfield Medical Center

Occupation
Vice President Professional and Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559235

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Mr. Joe Tal

Mailing Address 9691 Stoney Creek Lane

City State Zip Code
 Cleveland OH 44130-4768

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parma Community General
Hospital

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559236

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr Eugene A Thorn

Mailing Address 659 Boulevard

City State Zip Code
Dover OH 44622-2077

FEC ID number of contributing
federal political committee.

C

Name of Employer
Union Hospital

Occupation
Vice President Finance and Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559237

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)

Ms. Carol J. Turner

Mailing Address 1329 Wispering Woods Lane

City State Zip Code
Springboro OH 45066-9618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Middletown Regional Hospital

Occupation
Executive VP & Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559238

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)

Ms. Cheryl Brooks

Mailing Address 737 North Barron Street

City State Zip Code
Kenton OH 43326-1409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mary Rutan Hospital

Occupation
Asst. Vice President Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559239

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Ron Carmin
Mailing Address 205 Palmer Avenue

City State Zip Code
Bellefontaine OH 43311-2281

FEC ID number of contributing federal political committee.

C

Name of Employer
Mary Rutan HospitalOccupation
Vice President Fiscal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559240

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
Ms. Marcia M. Davis
Mailing Address 17850 Snider Road

City State Zip Code
Jackson Center OH 45334-9733

FEC ID number of contributing federal political committee.

C

Name of Employer
Mary Rutan HospitalOccupation
Vice President, Patient Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559241

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)
Mr. Timothy L. Froebe
Mailing Address 6429 Road 14

City State Zip Code
Bellefontaine OH 43357

FEC ID number of contributing federal political committee.

C

Name of Employer
Mary Rutan HospitalOccupation
Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559242

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bijan J. Goodarzi, MD

Mailing Address 6820 Layman Drive

City State Zip Code
 Nashport OH 43830-9524

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis HealthCare System

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559243

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Ms. Becky Nicholl

Mailing Address 204 North Hayes Street

City State Zip Code
 Bellefontaine OH 43311-2406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mary Rutan Hospital

Occupation
Vice President, Quality Risk Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559244

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Mr. Dwight Spencer

Mailing Address 4875 County Road 20

City State Zip Code
 Rushsylvania OH 43347-9749

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mary Rutan Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559245

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr Peter J King Mailing Address 405 Grand Avenue City State Zip Code Dayton OH 45405-4720 FEC ID number of contributing federal political committee. C Name of Employer Grandview Hospital and Medical Center Occupation Senior Vice President and Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13559246 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mr. Ronald Klein Mailing Address 647 E Street, Rt. 73 City State Zip Code Springboro OH 45066 FEC ID number of contributing federal political committee. C Name of Employer Kettering Medical Center-Network Occupation Medical Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13559247 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Mr. Frank J Bartell Mailing Address 5901 Monclova Road City State Zip Code Maumee OH 43537-1899 FEC ID number of contributing federal political committee. C Name of Employer St. Luke's Hospital Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13559248 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Melvin R Creeley
Mailing Address 425 West Fifth Street

City State Zip Code
East Liverpool OH 43920-2498

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Liverpool City Hospi-
tal

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559249

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Douglas W McNeill, , FACHE
Mailing Address 105 McKnight Drive

City State Zip Code
Middletown OH 45044-4838

FEC ID number of contributing
federal political committee.

C

Name of Employer
Middletown Regional Hospi-
tal

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559250

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Ms. Cathleen K Nelson
Mailing Address 2600 Navarre Avenue

City State Zip Code
Oregon OH 43616-3297

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Charles Mercy Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.25

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559252

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. LaMar L Wyse

Mailing Address 269 Portland Way South

City State Zip Code
 Galion OH 44833-2312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Galion Community Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559253

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Mandy C Goble

Mailing Address 205 Palmer Avenue

City State Zip Code
 Bellefontaine OH 43311-2298

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mary Rutan Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559254

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Thomas L Sieber

Mailing Address 2951 Maple Avenue

City State Zip Code
 Zanesville OH 43701-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis HealthCare System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559255

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Mina H Ubbing

Mailing Address 401 North Ewing Street

City State Zip Code
 Lancaster OH 43130-3372

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairfield Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559256

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. William W Harding

Mailing Address 659 Boulevard

City State Zip Code
 Dover OH 44622-2077

FEC ID number of contributing
federal political committee.

C

Name of Employer
Union Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559257

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. James Akers

Mailing Address 430 Thorn Hill Lane

City State Zip Code
 Middletown OH 45042-3664

FEC ID number of contributing
federal political committee.

C

Name of Employer
Middletown Regional Hospi-
tal

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559258

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Ronald S Owen

Mailing Address P O Box 6987

City State Zip Code
 Dothan AL 36302-6987

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Alabama Medical
Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: 13559259

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mr. Kenneth Hanover

Mailing Address 3200 Burnet Avenue

City State Zip Code
 Cincinnati OH 45229-3019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Alliance of Greater
Cincinnati

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559260

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. Chris Johns

Mailing Address P O Box 886

City State Zip Code
 Monroeville AL 36461-0886

FEC ID number of contributing
federal political committee.

C

Name of Employer
Monroe County Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: 13559261

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms Talana Bell

Mailing Address P O Box 6907

City State Zip Code
Dothan AL 36302-6907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Flowers Hospital

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13559263

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Ralph H. Clark

Mailing Address 603 Oakhill Avenue

City State Zip Code
Sheffield AL 35660-7263

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lakeview Community Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13559404

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Jeffrey M Fried, FACHE

Mailing Address 424 Savannah Road

City State Zip Code
Lewes DE 19958-1462

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beebe Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13565389

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Norman Hubbard

Mailing Address 825 Eastlake Avenue East

City State Zip Code
 Seattle WA 98109-4405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seattle Cancer Care Alliance

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13566359

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

B. Ms. Elaine Couture

Mailing Address 101 West Eighth Avenue

City State Zip Code
 Spokane WA 99204-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sacred Heart Medical Center

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13566360

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Shaun Koos

Mailing Address 400 South 43rd Street

City State Zip Code
 Renton WA 98055-5714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Medical Center

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13566363

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Henry Turner

Mailing Address 1654 103rd S.E.

City State Zip Code
 Bellevue WA 98004-7001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swedish Health Services

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13566364

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Kirby McDonald

Mailing Address 3847 Hunts Point Rd.

City State Zip Code
 Hunts Point WA 98004-1111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swedish Health Services

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13566365

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr John Biancamano

Mailing Address P O Box 5037

City State Zip Code
 Hartford CT 06102-5037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hartford Hospital

Occupation
Vice President Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13567243

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Martin J. Gavin

Mailing Address 108 Winding Lane

City State Zip Code
 Avon CT 06001-2625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut Children's Me-
dical Center

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13567244

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Alfred Herzog, M.D.

Mailing Address 97 Surrey Lane

City State Zip Code
 Glastonbury CT 06033-3258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hartford Hospital

Occupation
Vice President, Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13567245

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Bruce D Cummings

Mailing Address 365 Montauk Avenue

City State Zip Code
 New London CT 06320-4700

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lawrence & Memorial Hospi-
tal

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13567246

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr Vincent Capece
Mailing Address 28 Crescent Street

City State Zip Code
Middletown CT 06457-3650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Middlesex Hospital

Occupation
Vice President Finance and Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13567247

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Joseph J. Klimek
Mailing Address 110 Barnes Road

City State Zip Code
Wallingford CT 06492-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hartford Hospital

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13567248

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr James Staten
Mailing Address 20 York Street

City State Zip Code
New Haven CT 06510-3220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale-New Haven Hospital

Occupation
Senior Vice President Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13567249

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Vincent Petrini

Mailing Address 20 York Street

City State Zip Code
 New Haven CT 06510-3220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale New Haven Health Sys-
tem

Occupation
Senior VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13567250

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. Peter N Herbert, M.D.

Mailing Address 789 Howard Avenue

City State Zip Code
 New Haven CT 06519-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale New Haven Health Sys-
tem

Occupation
Senior Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13567251

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr Richard D'Aquila

Mailing Address 789 Howard Avenue

City State Zip Code
 New Haven CT 06519-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale New Haven Health Sys-
tem

Occupation
Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13567252

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert E Smanik, , FACHE

Mailing Address P O Box 6001

City

Putnam

State

CT

Zip Code

06260-0901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Day Kimball Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13567255

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. William C. Powanda

Mailing Address 27 Partridge Drive

City

Seymour

State

CT

Zip Code

06483-2217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Griffin Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13567256

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Frank J Kelly

Mailing Address 24 Hospital Avenue

City

Danbury

State

CT

Zip Code

06810-6099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Danbury Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13567257

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. David Rackliffe

Mailing Address PO Box 977

City	State	Zip Code
Bristol	CT	06011-0977

FEC ID number of contributing
federal political committee.**C**Name of Employer
Bristol HospitalOccupation
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13567258

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Ingo Angermeier, , FACHE

Mailing Address 101 East Wood Street

City	State	Zip Code
Spartanburg	SC	29303-3016

FEC ID number of contributing
federal political committee.**C**Name of Employer
Spartanburg Regional Medi-
cal CenterOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13605310

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Ms. Nancy Formella

Mailing Address One Medical Center Drive

City	State	Zip Code
Lebanon	NH	03756-1000

FEC ID number of contributing
federal political committee.**C**Name of Employer
Dartmouth-Hitchcock Medic-
al CenterOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13605312

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Douglas F Dean

Mailing Address One Elliot Way

City State Zip Code
 Manchester NH 03103-3599

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elliot Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13605313

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Kevin J Callahan

Mailing Address 5 Alumni Drive

City State Zip Code
 Exeter NH 03833-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Exeter Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13605314

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Ms. Alyson Pitman Giles

Mailing Address 100 McGregor Street

City State Zip Code
 Manchester NH 03102-3770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catholic Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13605315

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Russell G Keene

Mailing Address 59 Page Hill Road

City State Zip Code
 Berlin NH 03570-3542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Androscoggin Valley Hospi-
tal

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13605316

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Charles Stokes

Mailing Address 4438 Meadow Circle

City State Zip Code
 Belden MS 38826

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Mississippi Medical
Center - Tup

Occupation
Hospital Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13606043

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Mr. John Chioco

Mailing Address 1220 Jefferson Street

City State Zip Code
 Laurel MS 39440-4374

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Central Regional Me-
dical Center

Occupation
Associate Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13606047

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Charles L. Harrison
Mailing Address 116 Woodgreen Crossing

City State Zip Code
Madison MS 39110-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mississippi Hospital Asso-
ciation

Occupation
Executive Director, MHEFA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13606495

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
Mr. Claude W Harbarger
Mailing Address 969 Lakeland Drive

City State Zip Code
Jackson MS 39216-4699

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Dominic-Jackson Memor-
ial Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.50

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13606496

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Chris Anderson
Mailing Address 2809 Denny Avenue

City State Zip Code
Pascagoula MS 39581-5300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Singing River Hospital Sys-
tem

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13606497

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Hal W Leftwich, , FACHE

Mailing Address P O Box 2790

City	State	Zip Code
Bay St Louis	MS	39521-2790

FEC ID number of contributing
federal political committee.**C**Name of Employer
Hancock Medical CenterOccupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13606499

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Calvin D Johnson

Mailing Address P O Box 188

City	State	Zip Code
Kilmichael	MS	39747-0188

FEC ID number of contributing
federal political committee.**C**Name of Employer
Kilmichael HospitalOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13606500

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Phil E. Matthews

Mailing Address 419 Natural Resources Drive

City	State	Zip Code
Little Rock	AR	72205-1576

FEC ID number of contributing
federal political committee.**C**Name of Employer
Arkansas Hospital Associa-
tionOccupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	6

Transaction ID: 13607387

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)

825.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Lee A Simpson
Mailing Address 21 Bridgeway Road

City State Zip Code
North Little Rock AR 72113-9514

FEC ID number of contributing
federal political committee.

C

Name of Employer
BridgeWay, The

Occupation
Chief Executive Officer and Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.60

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13607388

Amount of Each Receipt this Period

162.50

B. Full Name (Last, First, Middle Initial)
Mr. Paul Cunningham
Mailing Address 419 Natural Resources Drive

City State Zip Code
Little Rock AR 72205-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Hospital Association

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13607389

Amount of Each Receipt this Period

325.00

C. Full Name (Last, First, Middle Initial)
Mr. Michael D. Helm
Mailing Address Post Office Box 17006

City State Zip Code
Fort Smith AR 72917-7006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sparks Regional Medical Center

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.98

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13607390

Amount of Each Receipt this Period

121.88

SUBTOTAL of Receipts This Page (optional)

609.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Timothy E Hill

Mailing Address 620 North Willow Street

City State Zip Code
Harrison AR 72601-2994

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Arkansas Regional
Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13607391

Amount of Each Receipt this Period

162.50

B. Full Name (Last, First, Middle Initial)

Ms. Mary Krinkie

Mailing Address 2550 University Avenue W.
Suite 350-S

City State Zip Code
Saint Paul MN 55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Hospital Associ-
ation

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

514.99

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13611006

Amount of Each Receipt this Period

264.99

C. Full Name (Last, First, Middle Initial)

Ms. Susan L Stout

Mailing Address 1538 Lake Lucas Road

City State Zip Code
Asheboro NC 27205-2684

FEC ID number of contributing
federal political committee.

C

Name of Employer
Randolph Hospital

Occupation
Clinical Director, RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13611008

Amount of Each Receipt this Period

295.00

SUBTOTAL of Receipts This Page (optional)

722.49

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. David R Page
Mailing Address 2450 Riverside Avenue

City State Zip Code
Minneapolis MN 55454-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairview Health Services

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13611011

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Richard Kreyer
Mailing Address 2550 University Avenue W.

City State Zip Code
Saint Paul MN 55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Hospital Associ-
ation

Occupation
Vice President, Labor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13611012

Amount of Each Receipt this Period

60.00

C. Full Name (Last, First, Middle Initial)
Ms. Tania Daniels
Mailing Address 2550 University Avenue W.

City State Zip Code
Saint Paul MN 55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Hospital Associ-
ation

Occupation
Director, Health Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13611014

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

1185.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Matthew Anderson, JD Mailing Address 2550 University Avenue W. City State Zip Code Saint Paul MN 55114-1052 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13611015 Amount of Each Receipt this Period 120.00
Name of Employer Minnesota Hospital Association Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Vice Pres, Regulatory/Strategic Affair Aggregate Year-to-Date ▼ 390.00
B. Full Name (Last, First, Middle Initial) Mr. Bruce J. Rueben Mailing Address 4885 Pheasant Court South City State Zip Code Afton MN 55001-9415 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13611018 Amount of Each Receipt this Period 231.00
Name of Employer Minnesota Hospital Association Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation President Aggregate Year-to-Date ▼ 1232.00
C. Full Name (Last, First, Middle Initial) Mr. Mark Sonneborn Mailing Address 2550 University Avenue City State Zip Code St. Paul MN 55114 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13611020 Amount of Each Receipt this Period 120.00
Name of Employer Minnesota Hospital Association Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Vice President of Information Services Aggregate Year-to-Date ▼ 820.00

SUBTOTAL of Receipts This Page (optional)

471.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Frank Lossi Mailing Address 200 First Street, SW City State Zip Code Rochester MN 55905-0001 FEC ID number of contributing federal political committee. C Name of Employer Mayo Clinic Occupation Director State Government Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13611031 Amount of Each Receipt this Period 4000.00
B. Full Name (Last, First, Middle Initial) Mr. James F Hanko Mailing Address 1300 Anne Street NW City State Zip Code Bemidji MN 56601-5103 FEC ID number of contributing federal political committee. C Name of Employer North Country Regional Hospital Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 982.12		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13611032 Amount of Each Receipt this Period 90.91
C. Full Name (Last, First, Middle Initial) Mr. Jack Breviu Mailing Address 150 South Fifth Street City State Zip Code Minneapolis MN 55402-4200 FEC ID number of contributing federal political committee. C Name of Employer Leonard, Street and Deina- rd, P.A. Occupation Legal Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13611035 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional)

4215.91

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. James F Hanko

Mailing Address 1300 Anne Street NW

City State Zip Code
 Bemidji MN 56601-5103

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Country Regional Ho-
spital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1073.03

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13611036

Amount of Each Receipt this Period

90.91

Full Name (Last, First, Middle Initial)

B. Mr. Ben Koppelman

Mailing Address Albany Area Hospital
300 Third Avenue

City State Zip Code
 Albany MN 56307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Area Hospital and
Medical Centre

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13611037

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Mr. Daniel McInerney, Jr.

Mailing Address 150 South Fifth Street
Suite 2300

City State Zip Code
 Minneapolis MN 55402-4200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leonard, Street & Deinard,
PA

Occupation
Chair, Health Law Department

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13611039

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

340.91

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Carl P Vaagenes
Mailing Address 815 Second Street SE

City State Zip Code
Little Falls MN 56345-3596

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Gabriel's Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13611040

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
Mr. Stephen Baron
Mailing Address 7335 East Orchard Road
Suite 100

City State Zip Code
Englewood CO 80111-2582

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colorado Hospital Associa-
tion

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13611128

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)
Mr. Scott Anderson
Mailing Address 7335 East Orchard Road

City State Zip Code
Greenwood Village CO 80111-2582

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colorado Hospital Associa-
tion

Occupation
Vice President of Professional Activit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13611129

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Marty Arizumi

Mailing Address 7335 East Orchard Road
#100

City State Zip Code
Englewood CO 80111-2582

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colorado Hospital Associa-
tion

Occupation
Vice President of Policy Analysis

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13611130

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Peter D. Freytag

Mailing Address 151 West Oak Hills Drive

City State Zip Code
Castle Rock CO 80108-9260

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colorado Hospital Associa-
tion

Occupation
Vice President and COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13611131

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Sandy Merrill

Mailing Address 2776 E. Irish Place

City State Zip Code
Centennial CO 80122-3321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colorado Hospital Associa-
tion

Occupation
Director of Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13611132

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Kevin Reed Mailing Address 1268 Pomegranate Lane City State Zip Code Golden CO 80401-9222 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13611133 Amount of Each Receipt this Period 125.00
Name of Employer Colorado Hospital Association Occupation Director Data Bank Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Ms. Susan Rudy Mailing Address 7335 East Orchard Road Suite 100 City State Zip Code Englewood CO 80111-2582 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13611134 Amount of Each Receipt this Period 125.00
Name of Employer Colorado Hospital Association Occupation Coordinator of Advocacy Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Ms. Janet Stephens Mailing Address 6014 Watson Drive City State Zip Code Fort Collins CO 80528-8877 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13611135 Amount of Each Receipt this Period 125.00
Name of Employer Colorado Hospital Association Occupation Vice President of Government Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)**375.00****TOTAL** This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. John B. Day

Mailing Address 101 Page Street

City State Zip Code
 New Bedford MA 02740-3400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southcoast Hospitals Group

Occupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13611617

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr Michael J Curran

Mailing Address 5565 Sterrett Place, 5th Floor

City State Zip Code
 Columbia MD 21044-2665

FEC ID number of contributing
federal political committee.

C

Name of Employer
MedStar Health

Occupation
Executive Vice President and Chief Fin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612428

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Ms. Christine Swearingen

Mailing Address 3022 Chestnut St.NW

City State Zip Code
 Washington DC 20015-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer
MedStar Health

Occupation
VP for Corporate Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612429

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Dr William L Thomas, , M.D. Mailing Address 5565 Sterrett Place, 5th Floor City State Zip Code Columbia MD 21044-2665 FEC ID number of contributing federal political committee. C Name of Employer MedStar Health Occupation Executive Vice President Medical Affai Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13612430 Amount of Each Receipt this Period 500.00	
B. Full Name (Last, First, Middle Initial) Ms. Janis Lee Bahner Mailing Address 517 Brook Road City State Zip Code Towson MD 21286-5634 FEC ID number of contributing federal political committee. C Name of Employer MedStar Health Occupation Assistant Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13612431 Amount of Each Receipt this Period 250.00	
C. Full Name (Last, First, Middle Initial) Mr. Eric Wagner Mailing Address 7 West Windsor Avenue City State Zip Code Alexandria VA 22301-1513 FEC ID number of contributing federal political committee. C Name of Employer MedStar Health Occupation Vice President, Managed Care Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13612432 Amount of Each Receipt this Period 500.00	

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert J Ryan

Mailing Address 5565 Sterrett Place, 5th Floor

City State Zip Code
Columbia MD 21044-2665

FEC ID number of contributing
federal political committee.

C

Name of Employer
MedStar Health

Occupation
Vice President and General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612433

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr Michael C Rogers

Mailing Address 5565 Sterrett Place, 5th Floor

City State Zip Code
Columbia MD 21044-2665

FEC ID number of contributing
federal political committee.

C

Name of Employer
MedStar Health

Occupation
Executive Vice President Corporate Ser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612434

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Linda Fishman

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Vice President Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612435

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Dr. Todd Sorensen, M.D.

Mailing Address 4021 Avenue 'B'

City	State	Zip Code
Scottsbluff	NE	69361-4602

FEC ID number of contributing
federal political committee.**C**Name of Employer
Regional West Medical Cen-
terOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	6

Transaction ID: 13612438

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Ms. Joanne C. Smith, MD

Mailing Address 345 East Superior Street

City	State	Zip Code
Chicago	IL	60611-2654

FEC ID number of contributing
federal political committee.**C**Name of Employer
Rehabilitation Institute
of ChicagoOccupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	6

Transaction ID: 13612494

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Ms. Kathleen K DeVine

Mailing Address 2875 West 19th Street

City	State	Zip Code
Chicago	IL	60623-3501

FEC ID number of contributing
federal political committee.**C**Name of Employer
Saint Anthony HospitalOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	6

Transaction ID: 13612495

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. James M. Hohner Mailing Address 2159 W. Agatite City Chicago State IL Zip Code 60625-1705 FEC ID number of contributing federal political committee. C Name of Employer Advocate Health Care Occupation Director, Advocate Health Care Foundat Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13612496 Amount of Each Receipt this Period 200.00
B. Full Name (Last, First, Middle Initial) Mr. Tony Mitchell Mailing Address 2025 Windsor Drive City Oak Brook State IL Zip Code 60523-1586 FEC ID number of contributing federal political committee. C Name of Employer Advocate Health Care Occupation VP, Communications & Government Relati Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13612497 Amount of Each Receipt this Period 200.00
C. Full Name (Last, First, Middle Initial) Mr. Martin Manning Mailing Address 3013 Mary Kay Lane City Glenview State IL Zip Code 60026-1162 FEC ID number of contributing federal political committee. C Name of Employer Advocate Health Care Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13612498 Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. John Potter
Mailing Address 430 Cobblestone Drive

City State Zip Code
Aurora IL 60506-4416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dreyer Medical Clinic

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612499

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)
Mr. Kenneth L Smithmier
Mailing Address 2300 North Edward Street

City State Zip Code
Decatur IL 62526-4192

FEC ID number of contributing
federal political committee.

C

Name of Employer
Decatur Memorial Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612500

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Keith E Steffen
Mailing Address 530 NE Glen Oak Avenue

City State Zip Code
Peoria IL 61637-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSF Saint Francis Medical
Center

Occupation
Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

527.50

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612501

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. James M Moore
Mailing Address 800 NE Glen Oak Avenue

City State Zip Code
Peoria IL 61603-3255

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSF Healthcare System

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612502

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
Mr. Mark R Neaman
Mailing Address 1301 Central Street

City State Zip Code
Evanston IL 60201-1613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Evanston Northwestern Healthcare

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612503

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)
Mr. Kevin P Poorten
Mailing Address P O Box 707

City State Zip Code
Dekalb IL 60115-0707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kish Health System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612504

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Brad Copple

Mailing Address P O Box 707

City	State	Zip Code
De Kalb	IL	60115-0707

FEC ID number of contributing
federal political committee.**C**Name of Employer
Kishwaukee Community Hosp-
italOccupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13612505

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)

Mr. Robert G Senneff, , FACHE

Mailing Address 210 West Walnut Street

City	State	Zip Code
Princeton	IL	61520-2497

FEC ID number of contributing
federal political committee.**C**Name of Employer
Graham HospitalOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13612506

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)

Mr. Jesse P. Hall

Mailing Address 1948 Elmwood Avenue

City	State	Zip Code
Wilmette	IL	60091-1430

FEC ID number of contributing
federal political committee.**C**Name of Employer
Highland Park HospitalOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13612507

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Jeffrey L Durham

Mailing Address P O Box 850

City	State	Zip Code
Metropolis	IL	62960-0850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Massac Memorial HospitalOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	6

Transaction ID: 13612509

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)

Ms. Nancy DeMarco

Mailing Address 1151 East Warrenville Road

City	State	Zip Code
Naperville	IL	60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tionOccupation
Director of Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1543.75

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	6

Transaction ID: 13612512

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. Howard A. Peters, III

Mailing Address 4109 Southwoods Road

City	State	Zip Code
Springfield	IL	62707-6070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tionOccupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1543.75

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	6

Transaction ID: 13612513

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 169 / 226
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Elena Butkus Mailing Address 1151 E. Warrenville Road City Naperville State IL Zip Code 60563-9339 FEC ID number of contributing federal political committee. C Name of Employer Illinois Hospital Association Occupation Vice President, Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1543.75		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 13612514 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	9		2	0	0	6	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	2		2	9		2	0	0	6																							
500.00																																
B. Full Name (Last, First, Middle Initial) Ms. Teresa Hursey Mailing Address 1151 East Warrenville Road City Naperville State IL Zip Code 60563-9339 FEC ID number of contributing federal political committee. C Name of Employer Illinois Hospital Association Occupation Vice President, Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1543.75		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 13612515 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	9		2	0	0	6	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	2		2	9		2	0	0	6																							
500.00																																
C. Full Name (Last, First, Middle Initial) Mr. Ed Holzhauer Mailing Address 1755 Maple Lane City Wheaton State IL Zip Code 60187-3317 FEC ID number of contributing federal political committee. C Name of Employer Central DuPage Hospital Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1437.50		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 13612516 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	9		2	0	0	6	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	2		2	9		2	0	0	6																							
500.00																																

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. John J. Raleigh
Mailing Address 1141 East Warrenville Road

City State Zip Code
Naperville IL 60563-1493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612517

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. Mark Deaton
Mailing Address 740 North Hayes

City State Zip Code
Oak Park IL 60302-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Sr. VP, General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

945.88

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612518

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Kenneth L. Smithmier
Mailing Address 2300 North Edward Street

City State Zip Code
Decatur IL 62526-4192

FEC ID number of contributing
federal political committee.

C

Name of Employer
Decatur Memorial Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612520

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 226
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Terri L. Allen

Mailing Address 1151 East Warrenville Road

City State Zip Code
 Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Regional Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612535

Amount of Each Receipt this Period

12.50

B. Full Name (Last, First, Middle Initial)

Ms. Elena Butkus

Mailing Address 1151 E. Warrenville Road

City State Zip Code
 Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612537

Amount of Each Receipt this Period

31.25

C. Full Name (Last, First, Middle Initial)

Mr. Mark Deaton

Mailing Address 740 North Hayes

City State Zip Code
 Oak Park IL 60302-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Sr. VP, General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

966.71

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612541

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)

64.58

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Nancy DeMarco

Mailing Address 1151 East Warrenville Road

City State Zip Code
 Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Director of Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612542

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

B. Ms. Lois DeTraglia

Mailing Address 1151 E. Warrenville Rd.

City State Zip Code
 Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Director, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.28

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612543

Amount of Each Receipt this Period

10.42

Full Name (Last, First, Middle Initial)

C. Ms. Barbara Filiung

Mailing Address 1013 59th Street

City State Zip Code
 Lisle IL 60532-3122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Director, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.28

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612544

Amount of Each Receipt this Period

10.42

SUBTOTAL of Receipts This Page (optional)

52.09

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Brian Foster

Mailing Address 1151 E. Warrenville Rd.
PO Box 3015

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

716.72

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612545

Amount of Each Receipt this Period

20.83

B. Full Name (Last, First, Middle Initial)

Ms. Tamara Lynn Gamrat

Mailing Address 1911 Hamilton Street

City State Zip Code
Murphysboro IL 62966-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Memorial Hospi-
tal

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.70

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612546

Amount of Each Receipt this Period

7.81

C. Full Name (Last, First, Middle Initial)

Ms. Ann C. Guild

Mailing Address 1151 E. Warrenville Rd.
PO Box 3015

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

716.71

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612548

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)

49.47

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Ed Holzhauer
Mailing Address 1755 Maple Lane

City State Zip Code
Wheaton IL 60187-3317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central DuPage Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1475.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612552

Amount of Each Receipt this Period

37.50

B. Full Name (Last, First, Middle Initial)
Ms. Teresa Hursey
Mailing Address 1151 East Warrenville Road

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612553

Amount of Each Receipt this Period

31.25

C. Full Name (Last, First, Middle Initial)
Ms. Susan Kaufman
Mailing Address 1151 E. Warranville Rd.

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612555

Amount of Each Receipt this Period

10.50

SUBTOTAL of Receipts This Page (optional)

79.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Nichole Magalis

Mailing Address 1151 East Warrenville Road

City State Zip Code
 Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Director, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.28

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612557

Amount of Each Receipt this Period

10.42

Full Name (Last, First, Middle Initial)

B. Ms. Patricia Merryweather-Arges

Mailing Address 1151 E. Warrenville Road
 PO Box 3015

City State Zip Code
 Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612558

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

C. Mr. Howard A. Peters, III

Mailing Address 4109 Southwoods Road

City State Zip Code
 Springfield IL 62707-6070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612561

Amount of Each Receipt this Period

31.25

SUBTOTAL of Receipts This Page (optional)

72.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kenneth C. Robbins

Mailing Address 1531 Maria Court

City

Wheaton

State

IL

Zip Code

60187-3777

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612565

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

B. Mr. Neil Cotter

Mailing Address 5878 Stonebridge Circle

City

Milford

State

OH

Zip Code

45150-2696

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown County General Hosp-
ital

Occupation
Manager of Plant Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13614321

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Mr. Albert L. Alexander

Mailing Address P.O. Box 2830

City

Daytona Beach

State

FL

Zip Code

32120-2830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halifax Fish Medical Systm

Occupation
Chief Human Resources Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617495

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

406.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Douglas Baer

Mailing Address 77 Tallwood Road

City State Zip Code
 Jacksonville FL 32250-2924

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brooks Rehabilitation Hos-
pital

Occupation
President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617496

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr Brad Bjornstad, M.D.

Mailing Address 3100 East Fletcher Avenue

City State Zip Code
 Tampa FL 33613-4613

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Community Hosp-
ital

Occupation
Vice President Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617498

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

Mr. Daniel Carlson

Mailing Address 9939 Santa Barbara Court

City State Zip Code
 Howey In The Hills FL 34737-5003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leesburg Regional Medical
Center

Occupation
Vice President, Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617500

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Frank L Davis

Mailing Address 1242 Harbour Point Drive

City State Zip Code
 Port Orange FL 32127-5608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospice of Palm Beach Cou-
nty

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617504

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms Lori Delone

Mailing Address 303 North Clyde Morris Blvd

City State Zip Code
 Daytona Beach FL 32114-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halifax Community Health
System

Occupation
Chief Technology Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617505

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Jeff Feasel

Mailing Address 303 North Clyde Morris Blvd

City State Zip Code
 Daytona Beach FL 32114-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halifax Community Health
System

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617508

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. William A Giudice

Mailing Address 1300 Miccosukee Road

City State Zip Code
Tallahassee FL 32308-5093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tallahassee Memorial Heal-
thCare

Occupation
Chief Financial Officer and Vice Presi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617509

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Mr. Timothy J Goldfarb

Mailing Address P O Box 100326

City State Zip Code
Gainesville FL 32610-0326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shands at the University
of Florida

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617510

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Lars Houmann

Mailing Address 601 East Rollins Street

City State Zip Code
Orlando FL 32803-1248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617511

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Kathryn Hughes

Mailing Address 12 Hammock Beach Parkway

City State Zip Code
Palm Coast FL 32137-0303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halifax Community Health
System

Occupation
Chief Marketing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617512

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Donald L Jernigan, , Ph.D.

Mailing Address 111 North Orlando Avenue

City State Zip Code
Winter Park FL 32789-3675

FEC ID number of contributing
federal political committee.

C

Name of Employer
Adventist Health System
Sunbelt Health

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617514

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ms. Karen Late, MHS

Mailing Address 444 North Capitol Street, NW
Suite 532

City State Zip Code
Washington DC 20001-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Associat-
ion

Occupation
Director, Federal Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617518

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)

1295.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Arvin Lewis
Mailing Address 778 Foxhound Drive

City State Zip Code
Port Orange FL 32128-7003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halifax Community Health
System

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617520

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Jim L Mayo
Mailing Address 1250 South 18th Street

City State Zip Code
Fernandina Beach FL 32034-3098

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Medical Center Na-
ssau

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617523

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Emil P Miller
Mailing Address P O Box 565002, Mail Stop 1

City State Zip Code
Rockledge FL 32956-5002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wuesthoff Medical Center -
Rockledge

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617527

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)

545.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Phillis Oeters Mailing Address 6855 Red Road, Suite 600 City Miami State FL Zip Code 33143-3632 FEC ID number of contributing federal political committee. C Name of Employer Baptist Health South Florida Occupation Corporate Vice President Government and Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 13617531 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	0		2	0	0	6	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	2		2	0		2	0	0	6																							
250.00																																
B. Full Name (Last, First, Middle Initial) Dr Christain C Patrick, M.D., Ph Mailing Address 3100 SW 62nd Avenue City Miami State FL Zip Code 33155-3009 FEC ID number of contributing federal political committee. C Name of Employer Miami Children's Hospital Occupation Chief Medical Officer and Senior Vice Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 13617532 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	0		2	0	0	6	300.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	2		2	0		2	0	0	6																							
300.00																																
C. Full Name (Last, First, Middle Initial) Mr. Eric Peburn Mailing Address 7 Fairvinds Circle City Ormond Beach State FL Zip Code 32176-2195 FEC ID number of contributing federal political committee. C Name of Employer Halifax Community Health System Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 13617533 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	0		2	0	0	6	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	2		2	0		2	0	0	6																							
250.00																																

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Joe Petrock

Mailing Address 303 North Clyde Morris Blvd

City State Zip Code
Daytona Beach FL 32114-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halifax Community Health
System

Occupation
Director Community Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617534

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Mary Alice Phelan

Mailing Address 2970 St. Johns Avenue
#5D

City State Zip Code
Jacksonville FL 32205-8729

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent's Medical Cen-
ter

Occupation
Director, Community Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617535

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Mr Harry Reese

Mailing Address 303 North Clyde Morris Blvd

City State Zip Code
Daytona Beach FL 32114-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halifax Community Health
System

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617538

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. William J. Robinson

Mailing Address 9231 S.W. 42nd Lane

City State Zip Code
 Gainesville FL 32608-4171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shands HealthCare

Occupation
Sr. VP & Treasurer/Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617539

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr Paul M Rosenberg

Mailing Address 1600 SW Archer Road

City State Zip Code
 Gainesville FL 32610-0326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shands HealthCare

Occupation
Senior Vice President and General Coun

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617540

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Deanna Schaeffer

Mailing Address 16 Remington Road

City State Zip Code
 Ormond Beach FL 32174-2527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halifax Community Health
System

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617542

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Charles A Schauer, , Ph.D.

Mailing Address 3599 University Blvd South

City State Zip Code
 Jacksonville FL 32216-4211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brooks Rehabilitation Hos-
pital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617543

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Rhonda Sherrod

Mailing Address 1100 SW 11th Street

City State Zip Code
 Live Oak FL 32060-3608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shands at Live Oak

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617544

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr Edward Simpson

Mailing Address 4626 Harbour Village Blvd.

City State Zip Code
 Ponce Intel FL 32117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halifax Community Health
System

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617545

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Alfred G Stubblefield Mailing Address 1717 North 'E' Street, Ste 320 City State Zip Code Pensacola FL 32501-6377 FEC ID number of contributing federal political committee. C Name of Employer Baptist Health Care Corporation Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13617548 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Mr. William E. Woeltjen Mailing Address 1020 Sonato Lane City State Zip Code Apollo Beach FL 33572-2727 FEC ID number of contributing federal political committee. C Name of Employer Sacred Heart Health System Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13617553 Amount of Each Receipt this Period 100.00
C. Full Name (Last, First, Middle Initial) Mr. Alan D Knight, , CHE Mailing Address 275 Sandwich Street City State Zip Code Plymouth MA 02360-2183 FEC ID number of contributing federal political committee. C Name of Employer Jordan Hospital Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6 Transaction ID: 13618867 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. David W Benfer, , FACHE Mailing Address 1450 Chapel Street City State Zip Code New Haven CT 06511-4405 FEC ID number of contributing federal political committee. C Name of Employer Hospital of Saint Raphael Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6 Transaction ID: 13619483 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Mr. Clark R. Cosse, III Mailing Address 9521 Brookline Avenue City State Zip Code Baton Rouge LA 70809-8409 FEC ID number of contributing federal political committee. C Name of Employer Louisiana Hospital Association Occupation Vice President, Legal & Government Aff Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13620695 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Mr. Ralph Dean Mailing Address 1401 Foucher Street City State Zip Code New Orleans LA 70115-3515 FEC ID number of contributing federal political committee. C Name of Employer Touro Infirmary Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13620696 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. James K Elrod
Mailing Address 2600 Greenwood Road

City State Zip Code
Shreveport LA 71130-2600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Willis-Knighton Health System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620697

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. Erie J. Hebert, Jr., FAHCE
Mailing Address 1101 Medical Center Blvd.

City State Zip Code
Marrero LA 70072-3191

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Jefferson Medical Center

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620698

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Leslie D Hirsch, FACHE
Mailing Address 1401 Foucher Street

City State Zip Code
New Orleans LA 70115-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Touro Rehabilitation Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620699

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. William R Holman, , CHE

Mailing Address P O Box 2511

City

Baton Rouge

State

LA

Zip Code

70821-2511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baton Rouge General Medic-
al Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620700

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Mark E Marley, , CHE

Mailing Address P O Box 2009

City

Natchitoches

State

LA

Zip Code

71457-2009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Natchitoches Regional Med-
ical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620701

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Mark J Peters, , M.D.

Mailing Address 4200 Houma Boulevard

City

Metairie

State

LA

Zip Code

70006-2970

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Jefferson General Ho-
spital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620702

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Sean M. Prados, MPA

Mailing Address 9521 Brookline Avenue

City State Zip Code
 Baton Rouge LA 70809-8409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Louisiana Hospital Associ-
ation

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620703

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Thomas J Stone, , CHE

Mailing Address P O Drawer 1368

City State Zip Code
 Ruston LA 71273-1368

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lincoln General Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620704

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Karen Sue Zoeller

Mailing Address 9521 Brookline Avenue

City State Zip Code
 Baton Rouge LA 70809-1431

FEC ID number of contributing
federal political committee.

C

Name of Employer
Louisiana Hospital Associ-
ation

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620705

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 / 226
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Alfred Abunza

Mailing Address 1101 Medical Center Boulevard

City State Zip Code
Marrero LA 70072-3147

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Jefferson Medical Ce-
nter

Occupation
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620706

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Kenneth E Alexander

Mailing Address 8595 United Plaza Boulevard

City State Zip Code
Baton Rouge LA 70809-2251

FEC ID number of contributing
federal political committee.

C

Name of Employer
HEALTHSOUTH Rehabilitation
Hospital of

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620707

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Theresa Anderson

Mailing Address 1101 Medical Center Blvd.

City State Zip Code
Marrero LA 70072-3191

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Jefferson Medical Ce-
nter

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620708

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr James P Barbuat

Mailing Address P O Box 1389

City State Zip Code
Opelousas LA 70571-1389

FEC ID number of contributing
federal political committee.

C

Name of Employer
Opelousas General Health
System

Occupation
Vice President Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620709

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. William F Barrow

Mailing Address P O Box 4027

City State Zip Code
Lafayette LA 70502-4027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Our Lady of Lourdes Regio-
nal Medical C

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620710

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. James E Cathey

Mailing Address P O Box 2668

City State Zip Code
Hammond LA 70404-2668

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Oaks Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620711

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. John J. Finn, Ph.D.
Mailing Address 417 Magnolia Lane

City State Zip Code
Mandeville LA 70471-1646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Metropolitan Hospital Cou-
ncil of New O

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620712

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Conrad G Flowers
Mailing Address 1900 Main Street

City State Zip Code
Franklinton LA 70438-3688

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620713

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Ms. Ellen M Jones
Mailing Address P O Box 3401

City State Zip Code
Lake Charles LA 70602-3401

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHRISTUS St. Patrick Hosp-
ital of Lake

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620714

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Cliff LeBlanc			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 2400 Hospital Drive			Transaction ID: 13620715	
City State Zip Code Bossier City LA 71111-2385			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Willis-Knighton Bossier Health Center		Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Mr. Mitchell Leckelt			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 1101 Medical Center Blvd.			Transaction ID: 13620716	
City State Zip Code Marrero LA 70072-3191			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer West Jefferson Medical Center		Occupation Senior Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Ms. Dee LeJeune			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 1125 West Highway 30			Transaction ID: 13620717	
City State Zip Code Gonzales LA 70737-5004			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer St. Elizabeth Hospital		Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Phyllis Peoples, , MSN, R.N

Mailing Address P O Box 6037

City	State	Zip Code
Houma	LA	70361-6037

FEC ID number of contributing
federal political committee.**C**Name of Employer
Terrebonne General Medical
CenterOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13620718

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Paul A. Salles

Mailing Address 644 Apache Drive

City	State	Zip Code
Abita Springs	LA	70420-3331

FEC ID number of contributing
federal political committee.**C**Name of Employer
Louisiana Hospital Associ-
ationOccupation
VP, Health Economics & Decision Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13620719

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Chris Vidrine

Mailing Address 9521 Brookline Avenue

City	State	Zip Code
Baton Rouge	LA	70809-8409

FEC ID number of contributing
federal political committee.**C**Name of Employer
Louisiana Hospital Associ-
ationOccupation
Policy Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13621280

Amount of Each Receipt this Period

212.50

SUBTOTAL of Receipts This Page (optional)

712.50

TOTAL This Period (last page this line number only)

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Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Susan Tudor
Mailing Address 3330 Masonic Drive

City State Zip Code
Alexandria LA 71301-3841

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christus St. Frances Cabr-
ini Hospital

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13621281

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)
Ms. Marcia Fries
Mailing Address 9521 Brookline Avenue

City State Zip Code
Baton Rouge LA 70809-8409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Louisiana Hospital Associ-
ation

Occupation
Emergency Preparedness Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13621300

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)
Mr. Gary Kaplan
Mailing Address 1100 Ninth Avenue

City State Zip Code
Seattle WA 98101-2799

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Mason Medical Ce-
nter

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13625875

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Thomas W Wilbur
Mailing Address 714 West Pine Street

City State Zip Code
Newport WA 99156-9046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newport Hospital and Heal-
th Services

Occupation
Chief Executive Officer and Superinten

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13625876

Amount of Each Receipt this Period

375.00

B. Full Name (Last, First, Middle Initial)
Dr. Edward B Healton, , M.D.
Mailing Address 102 Irving Street NW

City State Zip Code
Washington DC 20010-2949

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Rehabilitation
Hospital

Occupation
Senior Vice President and Medical Dire

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13643401

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Richard T Palmisano, , II, R.N.
Mailing Address 71 Hospital Avenue

City State Zip Code
North Adams MA 01247-2504

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Adams Regional Hosp-
ital

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 0 6

Transaction ID: 13645354

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Dr. Jeff Collins Mailing Address 101 West Eighth Avenue City State Zip Code Spokane WA 99204-2307 FEC ID number of contributing federal political committee. C Name of Employer Sacred Heart Medical Center Occupation Chief Medical Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 12 / 29 / 2006 Transaction ID: 13653313 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Katie Vaughan Mailing Address 506 A East Howell Avenue City State Zip Code Alexandria VA 22301 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Washingt Occupation Associate Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 510.00		Date of Receipt MM / DD / YYYY Transaction ID: PR1034595118313 Amount of Each Receipt this Period 20.00 P/R Deduction (\$20.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Washington DC 20004-2818 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Washingt Occupation VP & Chief Washington Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY Transaction ID: PR1045726218313 Amount of Each Receipt this Period 40.00 P/R Deduction (\$40.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional) ▶		310.00
TOTAL This Period (last page this line number only) ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Barbara Jellen

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Section Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1113464218313

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)

Ms. Sohini Jindal

Mailing Address 325 Seventh Street, NW

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1125613618313

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)

Ms. Mary Meadows

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Organization of
Nurse Executi

Occupation
Director of Professional Practice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1260472918313

Amount of Each Receipt this Period

27.76

P/R Deduction (\$13.89 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

57.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Lindsay Mac Robinson

Mailing Address 107 East Lane

City State Zip Code
 Lake Barrington IL 60010-1939

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President, PMGs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327727318313

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)

Ms. Deborah F. Weiner

Mailing Address 11004 Petersborough

City State Zip Code
 Rockville MD 20852-3249

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Director, Grassroots Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327745918313

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)

Ms. Suzanne R. Sonik

Mailing Address One North Franklin

City State Zip Code
 Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Director, Long-Term Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327777218313

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Debra J. Stock
Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Chicago

Occupation
Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327777818313

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Neil J. Jesuele
Mailing Address 1003 Kimberly Place

City State Zip Code
Great Falls VA 22066-1546

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Washingt

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327801718313

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Pamela Austin Thompson, RN, MSN
Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Organization of
Nurse Executi

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327812018313

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW
Apt. 1008

City State Zip Code
Washington DC 20008-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Director, Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327851918313

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Executive Director, AHAPAC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327858018313

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. John F. Barry

Mailing Address One North Franklin

City State Zip Code
Millis MA 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327877818313

Amount of Each Receipt this Period

0.16

P/R Deduction (\$0.16 Bi-W-
eekly)

SUBTOTAL of Receipts This Page (optional)

60.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard J. Davidson

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327942118313

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. James Henderson

Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
VP, Corporate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328094118313

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Barbara Lorschach

Mailing Address 204 South 7th Avenue

City State Zip Code
La Grange IL 60525-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328136918313

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Donna J. Melkonian

Mailing Address 5545 N. Wayne

City State Zip Code
 Chicago IL 60640-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328223818313

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)

Mr. Calbreith L. Simpson

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
 Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328224818313

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)

Dr. James D. Bentley, Ph.D.

Mailing Address 13106 Vingle Lane

City State Zip Code
 Silver Spring MD 20906

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328224918313

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Ronald O. Purcell
Mailing Address 1093 N. Faldo Way

City State Zip Code
Eagle ID 83616-5369

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328241418313

Amount of Each Receipt this Period

55.52

P/R Deduction (\$27.78 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Richard J. Pollack
Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328260918313

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Richard H. Wade
Mailing Address 1221 Cavalier Road

City State Zip Code
Arnold MD 21012-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Sr. Vice President, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328310418313

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

175.52

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stephen M. Ahnen

Mailing Address 1001 N. Potomac St.

City State Zip Code
 Arlington VA 22205-1629

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328312718313

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Lori M. Schor

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
 Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Director, Political Action & Grassroot

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328341818313

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City State Zip Code
 Yardley PA 19067-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.60

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328511818313

Amount of Each Receipt this Period

95.20

P/R Deduction (\$47.60 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

175.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Alicia N. Mitchell
Mailing Address 909 N. Madison St.

City State Zip Code
Arlington VA 22205-1655

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Vice President, Media Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328512018313

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Rebecca Chickey
Mailing Address AHA
One North Franklin Street

City State Zip Code
Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Director, Psychiatric and Substance Ab

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329013418313

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Dr. John R. Combes, MD
Mailing Address 1905 Christopher Place

City State Zip Code
Harrisburg PA 17110-3573

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion

Occupation
President, Center for Healthcare Gover

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329071318313

Amount of Each Receipt this Period

100.00

P/R Deduction (\$60.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City State Zip Code
Nashville TN 37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329215718313

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. John Evans

Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329342618313

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Audrey L. Harris

Mailing Address 1136 W. Farwel
Unit 1W

City State Zip Code
Chicago IL 60626-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Executive Director, ASDVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329654218313

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Tama Mattocks			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 1201 Pennsylvania Ave, NW 5th Floor			Transaction ID: PR330273418313	
City Washington State DC Zip Code 20004-2401			Amount of Each Receipt this Period <div>20.00</div>	
FEC ID number of contributing federal political committee. C				
Name of Employer Strategic Health Care		Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>500.00</div>		
B. Full Name (Last, First, Middle Initial) Ms. Patricia Meersman			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address One North Franklin			Transaction ID: PR330343318313	
City Chicago State IL Zip Code 60606-3436			Amount of Each Receipt this Period <div>10.00</div>	
FEC ID number of contributing federal political committee. C				
Name of Employer American Hospital Association-Chicago		Occupation Executive Services Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>250.00</div>		
C. Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 4960 138th Circle West			Transaction ID: PR330475418313	
City Apple Valley State MN Zip Code 55124-9229			Amount of Each Receipt this Period <div>40.00</div>	
FEC ID number of contributing federal political committee. C				
Name of Employer American Hospital Association-Chicago		Occupation Regional Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>1000.00</div>		

P/R Deduction (\$20.00 Bi-Weekly)

P/R Deduction (\$10.00 Bi-Weekly)

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 / 226

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Jennifer E. Mallard Mailing Address 6109 North 9th Road City State Zip Code Arlington VA 22205-1609 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330534318313 Amount of Each Receipt this Period 20.00
Name of Employer American Hospital Association-Washingt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Sr. Associate Director Aggregate Year-to-Date ▼ 500.00
B. Full Name (Last, First, Middle Initial) Mr. Gene O'Dell Mailing Address 530 North Lakeshore Drive Unit 2303 City State Zip Code Chicago IL 60611-7424 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330547718313 Amount of Each Receipt this Period 20.00
Name of Employer American Hospital Association-Chicago Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Vice President, Strategic Planning Aggregate Year-to-Date ▼ 500.00
C. Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe Mailing Address One North Franklin City State Zip Code Chicago IL 60606-3436 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330549218313 Amount of Each Receipt this Period 20.00
Name of Employer American Hospital Association-Chicago Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Vice President, Member Relations Aggregate Year-to-Date ▼ 500.00
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line number only)		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 211 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Walter J. Reiter

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
V.P., Advocacy & Member Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330776118313

Amount of Each Receipt this Period

43.46

P/R Deduction (\$21.74 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Darlene S. Vanderbush

Mailing Address 2303 Burke Avenue

City State Zip Code
Alexandria VA 22301-1101

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Director Advocacy and Public Policy Op

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331304218313

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Jo Ann Webb

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Organization of
Nurse Executi

Occupation
Director, Federal Relations & Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331379118313

Amount of Each Receipt this Period

29.35

P/R Deduction (\$14.71 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

82.81

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 212 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Judy Weinsheimer
Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331386918313

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Alexander R. White, Jr.
Mailing Address PO Box 15587

City State Zip Code
Austin TX 78761-5587

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion

Occupation
AHA Regional Executive for TX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331416018313

Amount of Each Receipt this Period

0.16

P/R Deduction (\$0.16 Bi-W-weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Donald May
Mailing Address 521 Great Falls Street

City State Zip Code
Falls Church VA 22046-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Vice President, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331533218313

Amount of Each Receipt this Period

60.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

70.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Elizabeth Summy

Mailing Address One North Franklin

City State Zip Code
 Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-ChicagoOccupation
Executive Director, ASHRM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 . . / . . /

Transaction ID: PR346168118313

Amount of Each Receipt this Period

0.16

P/R Deduction (\$0.16 Bi-W-
eekly)B. Full Name (Last, First, Middle Initial)
Ms. Kristin WelshMailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
 Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-WashingtOccupation
Senior Director Executive Branch Relat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 . . / . . /

Transaction ID: PR517619718313

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)C. Full Name (Last, First, Middle Initial)
Ms. Rochelle M. ArchuletaMailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
 Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-WashingtOccupation
Senior Associate Dir. Policy Developme

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 . . / . . /

Transaction ID: PR801366318313

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

30.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 / 226

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Lisa Kidder			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 325 Seventh Street, NW Suite 700			Transaction ID: PR876637218313	
City State Zip Code Washington DC 20004-2818			Amount of Each Receipt this Period <div>10.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer American Hospital Association-Washingt		Occupation Senior Associate Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>250.00</div>		
B. Full Name (Last, First, Middle Initial) Ms. Sheila R. Meadows			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 325 Seventh Street, NW Suite 700			Transaction ID: PR936292318313	
City State Zip Code Washington DC 20004-2818			Amount of Each Receipt this Period <div>10.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer American Hospital Association-Washingt		Occupation Director of Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>250.00</div>		
C. Full Name (Last, First, Middle Initial) Mr. David A. Strickland			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address One N. Franklin Street			Transaction ID: PR939603918313	
City State Zip Code Chicago IL 60606			Amount of Each Receipt this Period <div>10.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer American Organization of Nurse Executi		Occupation Director of Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>250.00</div>		

P/R Deduction (\$10.00 Bi-Weekly)

P/R Deduction (\$10.00 Bi-Weekly)

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

168011.84

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 / 226

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
California Healthcare Association PAC - FederalMailing Address 1215 K Street
Suite 800City State Zip Code
Sacramento CA 95814FEC ID number of contributing
federal political committee. **C** C00237495

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	3	/	2	0	0	6

Transaction ID: 13515188

Amount of Each Receipt this Period

15000.00

B. Full Name (Last, First, Middle Initial)
Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive

City State Zip Code
Madison WI 53725-9038FEC ID number of contributing
federal political committee. **C** C00359455

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9605.29

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	6

Transaction ID: 13547588

Amount of Each Receipt this Period

1907.29

C. Full Name (Last, First, Middle Initial)
California Healthcare Association PAC - FederalMailing Address 1215 K Street
Suite 800City State Zip Code
Sacramento CA 95814FEC ID number of contributing
federal political committee. **C** C00237495

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

145000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	6

Transaction ID: 13547594

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

21907.29

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 / 226

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
California Healthcare Association PAC - Federal

Mailing Address 1215 K Street
Suite 800

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C C00237495

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

154000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547890

Amount of Each Receipt this Period

9000.00

SUBTOTAL of Receipts This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

30907.29

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 / 226

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City State Zip Code
 Washington DC 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4022.45

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620767

Amount of Each Receipt this Period

308.93

B. Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City State Zip Code
 Washington DC 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3713.52

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 3 0 / 2 0 0 6

Transaction ID: 13640651

Amount of Each Receipt this Period

264.03

Bank Interest

SUBTOTAL of Receipts This Page (optional)

572.96

TOTAL This Period (last page this line number only)

572.96

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 218 / 226

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address Ste. 001

City
Chicago

State
IL

Zip Code
60679

Purpose of Disbursement

Bank Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 13620771

Date of Disbursement

12 / 04 / 2006

Amount of Each Disbursement this Period

15.50

Bank Fee

Full Name (Last, First, Middle Initial)

B. Merchant Bankcard

Mailing Address 1601 Elm Street

City
Dallas

State
TX

Zip Code
75201

Purpose of Disbursement

Bank Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 13620768

Date of Disbursement

12 / 04 / 2006

Amount of Each Disbursement this Period

139.32

Bank Fee

Full Name (Last, First, Middle Initial)

C. Merchant Bankcard

Mailing Address 1601 Elm Street

City
Dallas

State
TX

Zip Code
75201

Purpose of Disbursement

Bank Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 13620769

Date of Disbursement

12 / 05 / 2006

Amount of Each Disbursement this Period

101.74

Bank Fee

SUBTOTAL of Disbursements This Page (optional)

256.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 219 / 226

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address Ste. 001

City
Chicago

State
IL

Zip Code
60679

Purpose of Disbursement

Bank Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 13620772

Date of Disbursement

12 / 12 / 2006

Amount of Each Disbursement this Period

24.18

Bank Fee

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address Ste. 001

City
Chicago

State
IL

Zip Code
60679

Purpose of Disbursement

Bank Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 13620773

Date of Disbursement

12 / 18 / 2006

Amount of Each Disbursement this Period

15.50

Bank Fee

Full Name (Last, First, Middle Initial)

C. Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement

Bank Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 13620770

Date of Disbursement

12 / 20 / 2006

Amount of Each Disbursement this Period

233.44

Bank Fee

SUBTOTAL of Disbursements This Page (optional)

273.12

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 220 / 226

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address Ste. 001

City
Chicago

State
IL

Zip Code
60679

Purpose of Disbursement
Bank Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 13620774

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	6		2	0	0	6

Amount of Each Disbursement this Period

3.10

Bank Fee

SUBTOTAL of Disbursements This Page (optional)

3.10

TOTAL This Period (last page this line number only)

532.78

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 221 / 226

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Sherrod Brown

Mailing Address 2280 Kresge Drive
Suite 800

City Amherst State OH Zip Code 44001

Purpose of Disbursement
Contribution

Candidate Name
Rep. Sherrod Brown

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: OH District:

2006 General Debt Re

Transaction ID: 13463539

Date of Disbursement

11 / 30 / 2006

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends For Baron Hill

Mailing Address PO Box 1071

City Seymour State IN Zip Code 47274

Purpose of Disbursement
Contribution

Candidate Name
Mr. Baron Hill

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: IN District: 9

2006 General Debt Re

Transaction ID: 13463635

Date of Disbursement

11 / 30 / 2006

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Team Sununu

Mailing Address PO Box 500

City Rye State NH Zip Code 03870

Purpose of Disbursement
2008 Contribution

Candidate Name
Sen. John E. Sununu

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District: 2

Transaction ID: 13463343

Date of Disbursement

11 / 30 / 2006

Amount of Each Disbursement this Period

1000.00

2008 Contribution

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 222 / 226

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Melissa Bean For Congress

Mailing Address Post Office Box 3068

City
Barrington

State
IL

Zip Code
60010

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. Melissa L. Bean

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: IL District: 8

2006 General Debt Re

Transaction ID: 13463439

Date of Disbursement

11 / 30 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Heath Shuler For Congress

Mailing Address PO Box 97

City
Hazelwood

State
NC

Zip Code
28738

Purpose of Disbursement
2008 Contribution

011

Category/
Type

Candidate Name
Mr. Joseph Shuler

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 11

Transaction ID: 13464830

Date of Disbursement

11 / 30 / 2006

Amount of Each Disbursement this Period

1500.00

2008 Contribution

Full Name (Last, First, Middle Initial)

C. Heath Shuler For Congress

Mailing Address PO Box 97

City
Hazelwood

State
NC

Zip Code
28738

Purpose of Disbursement
2008 Contribution

011

Category/
Type

Candidate Name
Mr. Joseph Shuler

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 11

Transaction ID: 13465141

Date of Disbursement

11 / 30 / 2006

Amount of Each Disbursement this Period

1500.00

2008 Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ellsworth For Congress Committee

Mailing Address P.O. Box 62

City
Evansville

State
IN

Zip Code
47701

Purpose of Disbursement
Contribution

Candidate Name
Mr. Brad Ellsworth

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: IN District: 8

2006 General Debt Re

Transaction ID: 13464106

Date of Disbursement

11 / 30 / 2006

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Joe Donnelly For Congress

Mailing Address P.O. Box 1961
 Century Building

City
South Bend

State
IN

Zip Code
46634

Purpose of Disbursement
Contribution

Candidate Name
Rep. Joseph Donnelly

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: IN District: 2

2006 General Debt Re

Transaction ID: 13466323

Date of Disbursement

11 / 30 / 2006

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. VINEPAC: Victory in November Election PAC

Mailing Address 607 14th St. NW
 Suite 800

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 13518725

Date of Disbursement

12 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

2006 Contribution

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Rocky Mountain PAC

Mailing Address 607 - 14th Street, NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 13518696

Date of Disbursement

12 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

2006 Contribution

Full Name (Last, First, Middle Initial)

B. Paul Hodes For Congress

Mailing Address 26 South Main Street, #253

City Concord State NH Zip Code 03301

Purpose of Disbursement
Contribution

Candidate Name
Rep. Paul W. Hodes

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NH District: 2

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
2006 General Debt Re

Transaction ID: 13519316

Date of Disbursement

12 / 13 / 2006

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Democrats for the Future

Mailing Address 20 Park Road, Suite E

City Burlingame State CA Zip Code 94010

Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 13519094

Date of Disbursement

12 / 15 / 2006

Amount of Each Disbursement this Period

1000.00

2006 Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Heather Wilson For Congress

Mailing Address P.O. Box 14070

City Albuquerque State NM Zip Code 87191

Purpose of Disbursement
Contribution

Candidate Name
Rep. Heather A. Wilson

Office Sought: ☒ House
☐ Senate
☐ President

State: NM District: 1

Disbursement For: 2006
☐ Primary ☐ General

☒ Other (specify) ▼
2006 Re-Count Fund

Transaction ID: 13645417

Date of Disbursement

12 / 19 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. People For English

Mailing Address PO Box 1940

City Erie State PA Zip Code 16507

Purpose of Disbursement
2008 Contribution

Candidate Name
Rep. Phil English

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 3

Disbursement For: 2008
☒ Primary ☐ General

☐ Other (specify) ▼

Transaction ID: 13547546

Date of Disbursement

12 / 19 / 2006

Amount of Each Disbursement this Period

2000.00

2008 Contribution

Full Name (Last, First, Middle Initial)

C. Goode For Congress

Mailing Address 235 South Main Street

City Rocky Mount State VA Zip Code 24151

Purpose of Disbursement
Void of 10/06 check

Candidate Name
Rep. Virgil H. Goode, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

State: VA District: 5

Disbursement For: 2006
☐ Primary ☒ General

☐ Other (specify) ▼

Transaction ID: 13635435

Date of Disbursement

12 / 20 / 2006

Amount of Each Disbursement this Period

-1000.00

Void of 10/06 check

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Bob Goodlatte For Congress Committee

Mailing Address P.O. Box 292

City
RoanokeState
VAZip Code
24002Purpose of Disbursement
Void of 10/06 checkCandidate Name
Rep. Robert W. GoodlatteOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 6

Transaction ID: 13635436

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Amount of Each Disbursement this Period

-1000.00

Void of 10/06 check

Full Name (Last, First, Middle Initial)

B. Hayes For Congress

Mailing Address Post Office Box 2000

City
ConcordState
NCZip Code
28026Purpose of Disbursement
Void of 8/3/06 CheckCandidate Name
Rep. Robin C. HayesOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 8

Transaction ID: 13656514

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Amount of Each Disbursement this Period

-2000.00

Void of 8/3/06 Check

Full Name (Last, First, Middle Initial)

C. Western Action PAC

Mailing Address P.O. Box 982

City
CasperState
WYZip Code
82602Purpose of Disbursement
Void of 9/06 check

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 13635438

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Amount of Each Disbursement this Period

-1000.00

Void of 9/06 check

SUBTOTAL of Disbursements This Page (optional)

-4000.00

TOTAL This Period (last page this line number only)

32000.00